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Montana PARTNERSHIP *for* FOOD STAMP OUTREACH

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PARTNERSHIP for FOOD STAMP OUTREACH

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FIRST DRAFT EDITION-MAY 1993
Printed in Bozeman

Sponsored by:
U.S. DEPARTMENT OF AGRICULTURE

Administered by:
MONTANA DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Contracted to:
MONTANA DEPARTMENT OF FAMILY SERVICES
OFFICE ON AGING

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MONTANA FY 1991-95 STATE PLAN ON AGING
NATIONAL ASSOCIATION AREA AGENCIES ON AGING

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MONTANA
OLDER AMERICANS ACT

Montana Older Americans Act

Montana, in 1987, passed its version of the Older Americans Act to reaffirm the State's commitment to its older citizens. Montana thus adopted the philosophy of the Older Americans Act of 1965 by bringing it closer to home. The Montana Act requires that the State Office on Aging coordinate activities of relevant departments of State government and other organizations and agencies.

As stated in the 1987 Montana Older Americans Act: (1) "The Legislature finds that older Montanans constitute a valuable resource of this State and that their competence, experience, and wisdom must be used more effectively for the benefit of all Montanans; (2) the Legislature further finds that a complete range of services is not available in all areas of the State and that many Montanans lack access to the services that are available; (3) the Legislature declares that it is the policy of this State, subject to available funding, to provide a wide range of coordinated services to enable older Montanans to maintain an independent lifestyle, avoid unnecessary institutional care, and live in dignity; and (4) it is the intent of the Legislature that available federal, State, regional, and local resources be used to strengthen the economic, social, and general well-being of older Montanans and that the State develop appropriate programs for older Montanans; coordinate and integrate all levels of service, with emphasis on the whole person; and promote alternative forms of service that will create options for older Montanans."/1

/1 The Montana State Plan on Aging Title III of the Older Americans Act Federal Fiscal Year 1992-1995, Office on Aging, Department of Family Services, December, 1991, Page 3.

MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

Abstract of Food Stamp Outreach Program

The Office on Aging, Montana Department of Family Services, was awarded a third year continuation contract on October 1, 1992, from the Department of Social and Rehabilitation Services to further develop a Food Stamp Outreach Program to inform low-income households about the availability, eligibility requirements, application procedures, and benefits of the Food Stamp Program.

Montana's Food Stamp State staff, 11 Regional Food Stamp Outreach Coordinators (Directors, Area Agencies on Aging), and approximately 60 Food Stamp Outreach Workers will develop a resource guide for Food Stamp Outreach, further increase the distribution of Food Stamp Program information to individuals and groups; provide individual and group counseling; and establish a system of referral for clients to other federal, State, or local agencies for assistance with problem areas.

The 12-month program will result in the establishment of statewide information and assistance to applicants at various points in the Food Stamp application process in 56 counties and on seven federal Indian Reservations.

MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

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MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

Introduction

The Montana Department of Social and Rehabilitation Services is the State agency designated to administer the Hunger Prevention Act of 1988, Public Law 100-435 [S. 2560]; September 19, 1988. Section 204, Optional Food Stamp Information Activities, states, "at the option of the State agency, inform low-income households about the availability, eligibility requirements, application procedures, and benefits of the food stamp program. Montana was one of 11 states that applied to the U.S. Department of Agriculture to implement this option. The option was approved on June 27, 1990. Only Montana and Missouri in this 10-state U.S. Department of Agriculture region are conducting Food Stamp Outreach programs.

The Department of Social and Rehabilitation Services application proposed to develop and successfully implement a Food Stamp Outreach effort in the State that would identify potentially food stamp eligible persons and assist them in understanding the Program, the benefits of the Program and encourage their participation in the Program.

This effort is initiated, coordinated, and monitored by the Division of Family Assistance, Department of Social and Rehabilitation Services, and is directed to individuals such as are described above. That would include targeted groups of the aged, the blind and disabled, Supplemental Security Income households, veterans, the working poor, and others needing assistance because of their socioeconomic status.

The Division is assisted with the necessary activities through a contract with the Department of Family Services, Office on Aging.

The process includes the following: (1) establish criteria for working with interested community organizations. This could include speaking to their membership, soliciting community concerns, understanding, and volunteer participation in outreach activities; pre-screening of the possibly eligible; and utilizing the media for presentations and public service announcements; (2) provide consultation to pilot surveys and assessments to determine reasons for non-participation, and gear future outreach enhancements to the results; (3) provide necessary training to contractual and volunteer staff in Outreach techniques, pre-screening, eligibility requirements, and necessary supportive services related to their activities and being available for questions when needed; and (4) monitor and evaluate (an ongoing process) the Outreach effort, with special emphasis on target groups to determine effectiveness of the effort, and to ensure that the contractor is in compliance with the contract.

The possible outreach services identified by the Department of Social and Rehabilitation Services, included in the contractual and working agreements, will lead to provision of the following types of services, which are not intended to be all inclusive: (1) placing on display Food Stamp Program posters and publications in public that will reach those in need, such as stores, laundromats, churches, senior citizen centers, and any other public area where large numbers of people are known to congregate, particularly low-income persons; (2) personal distribution of Food Stamp informational material to targeted individuals; (3) assisting in the recruitment and organization of volunteers to provide outreach services. Such services could include the provision of transportation to the appropriate local public aid office and shopping assistance; (4) pre-screening of potentially eligible persons on a one-to-one basis in their homes, at senior citizen centers, at elderly meal sites, or at any gathering place of target groups; (5) assisting in the development of surveys and assessments for target groups to determine participation levels and identify areas for improvement; and (6) preparation and submittal of required reports to the Division of Family Assistance.

Because of the 50-50 State or local matching dollar requirement imposed by the U.S. Department of Agriculture to implement a Food Stamp Outreach program, Montana's Department of Social and Rehabilitation Services relies upon a community service delivery system that can match the program dollar for dollar without utilizing federal funds as the match. In addition, the delivery system serves all of Montana's 56 counties and seven federal Indian Reservations.

The Office on Aging, Department of Family Services, via 11 Area Agencies on Aging, provides information and referral services to 56 counties and on seven federal Indian Reservations. With an annual budget of $137,680 from the State general fund, the appropriated general funds dollars are used as the required match, and the role of approximately 60 Information and Referral Technicians has been expanded to Food Stamp Outreach to implement the optional food stamp information activity, as prescribed by the U.S. Department of Agriculture.

History

Year One, July 1, 1989 - June 30, 1991

The first Memorandum of Understanding suggested possible outreach services that the Governor's Office on Aging should perform in order to achieve maximum participation by low-income elderly Montanans in the Food Stamp Program: (1) placing on display Food Stamp Program posters and publications in places of public exposure to those in need, such as stores, laundromats, churches, senior citizen centers, and any other public area where large numbers of persons are known to congregate, particularly

targeted groups of low-income persons; (2) personally distributing Food Stamp Program informational material to targeted individuals; (3) assisting in the recruitment and organization of volunteers to provide outreach activities. Such services could include the provision of transportation to the local public aid office and shopping assistance; (4) pre-screening of potentially eligible persons on a one-to-one basis in their homes, at senior citizen centers, at elderly meal sites, or at any gathering place of target groups; (5) assisting in the development of surveys and assessments for target groups in order to determine participation levels and identify areas for improvement; and (6) preparation and submittal of required reports to the Division of Family Assistance.

Year Two, July 1, 1991 - June 30, 1992

In addition to the suggested possible outreach services identified in Year One activities, the second year Memorandum of Understanding required the Governor's Office on Aging to: (1) target activities toward expectant mothers and newborns by: producing and distributing two public service announcements suitable for both television and radio and utilizing the major State newspapers to publicize the availability of assistance through news format or purchased coverage; (2) involve organizations representing "grass roots" low-income and nutritionally at-risk groups by convening a meeting to explore the best strategies for reaching the target groups and including those members in informational mailings and providing basic training in how the Food Stamp Outreach Program operates; (3) utilize the Hunger Coalition to convey information and solicit advice at the State policy level; (4) in consultation with the Nutrition Council, Hunger Coalition, and other groups, develop a strategy of outreach and assistance activities targeted toward pregnant mothers and families with newborn children; (5) expend funding provided by this Memorandum of Understanding to produce pamphlets and posters (subject to Department of Social and Rehabilitation Services review prior to printing) that describe all nutrition programs and explain how to access Food Stamp Outreach assistance and provides information regarding the Aid to Families with Dependent Children, Medicaid, and the Qualified Medicare Beneficiary programs; and (6) with input from the Hunger Coalition, establish and evaluate the reasons for non-participation and determine what measures should be taken to increase Food Stamp Program participation.

Year Three, July 1, 1992 - June 30, 1993

In addition to the services described above, the outreach program shall: (1) maintain target groups of elderly people, pregnant women, newborns, and the migrant population to: produce and distribute two public service announcements for both television and radio and utilize the major State newspapers to publicize the availability of assistance in accessing food stamps, either through news format or purchasing coverage; (2) be involved

with the Hunger Coalition and local grass roots organizations by: coordinating efforts to reach prospective food stamp applicants by accepting referrals from these groups and supplying information on the Food Stamp Program and the food and nutrition program to them, requiring Outreach Workers in the various communities to supply information and take referrals from local grass roots organizations, and utilize the Hunger Coalition, Low Income Coalition, and other grass roots organizations to obtain information and plan strategies; and (3) continue to use the Healthy Mothers, Healthy Babies Program, as a resource for distributing Food Stamp Program information.

Characteristics of County Populations

In July 1991, there were 61,380 food stamp recipients in Montana (8% of the total population). The number varied through the next 18 months, from a low of 59,553 in September 1991 to a high in December 1992 of 69,269 (9% of the population). These figures show that food stamp use increased 13 percent. The degree to which the Food Stamp Outreach Program contributed to the increase in food stamp recipients is difficult to measure. It is important, however, to keep in mind that a number of factors have influenced the level of food stamp use in various counties across the State.

It is interesting to take a look at the type of county in which the program operates to see how food stamp use in different types of settings varies. The total population in the county; the size of the main town or city; the percentage of the population at below-poverty level (as defined by the Census Bureau); and whether the population in the county has risen or declined in the past decade are factors that likely affect the amount of food stamp use.

Another factor is whether a portion of the county is an Indian Reservation. The percentage of the Native American population on the Reservation with an income below-poverty level can be expected to affect the "demand" for food stamps in that county.

Population Size and Changes Between 1980 and 1990

In the four tables on the following pages, counties are listed by Area Agency on Aging that serves them. Counties are categorized according to population size: Table A - up to 6,000; Table B - from 6,000 to 26,000; Table C - above 26,000; and Table D - counties that include a Reservation with a Native American population amounting to four percent or more of the total county population. Native Americans living on Reservations in eight counties are served by Area Agency on Aging VII, while Area Agency on Aging VI serves the Flathead Reservation in two counties.

On average, 17 percent of the population is below-poverty level in counties with the smallest populations (Table A),

according to 1990 census data; that compares with 13 percent below-poverty in medium-sized counties (Table B) and 13 percent in larger counties (Table C). The percentage is higher (21%) for counties with on-reservation Indian populations (Table D). The below-poverty level of on-reservation Indians ranges from 30 percent to 59 percent; for counties as a whole that include Reservations, the below-poverty proportion of the population ranges from 14.5 percent to 31 percent.

Each table shows the percent of the county population that received food stamps in 1991 and 1992, and the difference between the two years. Table A shows that the average percent of food stamp recipients declined slightly from 5.5 percent in 1991 to five percent in 1992. In Table B, the average rose from six percent to seven percent, and Table C, rose from six percent to eight percent. About twice that percentage received food stamps in Table D counties, where there was an average increase from 14 percent to 15 percent; individual counties ranged from 10 percent to 23 percent of the population receiving food stamps. (It should be noted that eligible Native Americans may participate in the Food Stamp Program or commodity program, but not both at the same time. Therefore, numbers receiving food stamps can vary depending upon how many are currently receiving commodities instead.)

Table A. Population Under 6,000

County	Population 1990	% of Pop. Change 1980-1990	% at Poverty Level	% of Food Stamp Recipients - 1991	% of Food Stamp Recipients - 1992	Increase/ Decrease in Food Stamps
Area I						
Carter	1,503	- 16	24	3	2	- 1
Daniels	2,266	- 20	15	2	1	- 1
Fallon	3,103	- 17.5	11	4.5	5	+ .5
Garfield	1,589	- 4	14.5	1.5	1	- .5
McCone	2,276	- 16	17	3	2	- 1
Phillips*	5,163	- 4	16	7	5	- 2
Powder River	2,090	- 17	16	1.5	1	- .5
Prairie	1,383	- 25	16	2	2	0
Sheridan	4,732	- 12.5	14	3	2	- 1
Treasure	874	- 11	14	12	5.5	- 6.5
Wibaux	1,191	- 19	18	6	5	- 1
Area II						
Golden Valley	912	- 11	27	4	3	- 1
Judith Basin	2,282	- 14	15	4	3	- 1
Musselshell	4,106	- 7	22	7	6	- 1
Petroleum	519	- 21	25	1	0	- 1

Table A. Continued

County	Population 1990	% of Pop. Change 1980-1990	% at Poverty Level	% of Food Stamp Recipients - 1991	% of Food Stamp Recipients - 1992	Increase/ Decrease in Food Stamps
Sweet Grass	3,154	- 2	10	4	3	- 1
Wheatland	2,246	- 5	20	5	4	- 1
Area III						
Choteau*	5,452	- 10.5	14	4	4	0
Liberty	2,295	0	18	2	1.5	- .5
Toole	5,046	- 9	13	6	3.5	- 2.5
Area IV						
Broadwater	3,318	+ 1.5	15	7	8	+ 1
Meagher	1,819	- 15.5	20	6	4	- 2
Area V						
Granite	2,548	- 6	18	7	5	- 2
Madison	5,989	+ 9	16	4	4	0
Area VI						
Mineral	3,315	- 10	14	9	8	- 1
Total			17%	5.5%	5%	- .5

* See Table D

Table B. Population 6,000-26,000

County	Population 1990	% of Pop. Change 1980-1990	% of Pop. at Poverty Level	% of Food Stamp Recipients - 1991	% of Food Stamp Recipients - 1992	Increase/ Decrease in Food Stamps
Area I						
Custer+	11,697	- 11	15	8	10*	+ 2
Dawson+	9,505	- 19	12	7	6*	- 1
Richland+	10,716	- 12	13	8.5	7*	- 1.5
Area II						
Carbon	8,080	0	15	7	7.5**	+ .5
Fergus+	12,083	- 7.5	13	3	5*	+ 2
Stillwater	6,536	+ 14	10	5	6**	+ 1
Area III						
Teton	6,271	- 3	15	3	3**	0
Area IV						
Jefferson	7,939	+ 11	7	3	5**	+ 2
Park+	14,614	+ 12	13	8.5	7*	- 1.5

Table B. Continued

County	Population 1990	% of Pop. Change 1980-1990	% of Pop. at Poverty Level	% of Food Stamp Recipients - 1991	% of Food Stamp Recipients - 1992	Increase/ Decrease in Food Stamps
Area V						
Beaverhead+	8,424	+ 3	17	7	8.5*	+ 1.5
Deer Lodge+	10,278	- 18	17	10	10.5*	+ .5
Powell+	6,620	- 5	13	4	6*	+ 2
Area VI						
Lincoln+	17,481	- 1.5	13	9	11*	+ 2
Ravalli+	25,010	+ 10	13	7	8*	+ 1
Total			13%	6%	7%	+ 1

+ with town of 2500 or more
* average = 8%
** average = 5%

Table C. Population 26,000+

County	Population 1990	% of Pop. Change 1980-1990	% of Pop. at Poverty Level	% of Food Stamp Recipients - 1991	% of Food Stamp Recipients - 1992	Increase/ Decrease in Food Stamps
Area II						
Yellowstone	113,419	+ 5	11	6.5	7	+ .5
Area IV						
Gallatin	50,463	+ 15	17	4	4.5	+ .5
Lewis & Clark	47,495	+ 9	10	6	8	+ 2
Area V						
Silver Bow	33,941	- 11	13	9	11	+ 2
Area VIII						
Cascade	77,691	- 4	12	7.5	8	+ .5
Area IX						
Flathead	59,218	+ 12	13	7	8	+ 1
Area XII						
Missoula	78,687	+ 3	16	7	9	+ 2
Total			13%	6%	8%	+ 2

Table D. Counties with Significant N.A. Reservation Populations

County	Population 1990	% of Population Change 1980-1990	% of Population at Poverty Level	% of Food Stamp Recipients - 1991	% of Food Stamp Recipients - 1992	Increase/ Decrease in Food Stamps	Reservation and (AAA)	N.A. Population on Reservation	Below Poverty Level
Area I									
Roosevelt	10,999	+ 5	23	17	22	+ 5	Fort Peck (7)	5,107	45
Valley	8,239	- 20	14.5	8	11	+ 3	Fort Peck (7)	536	61
Rosebud	10,505	+ 6	17	15	13	- 2	N. Cheyenne (7)	2,544	48 5
Area II									
Big Horn	11,337	+ 2	31	21	23	+ 2	N.Cheyenne and Crow (7)	973	59
Area III									
Blaine	6,728	- 4	24	12.5	14	+ 1.5	Fort Belknap* (7)	2,156	47
Glacier	12,121	+ 12	31	24	23	- 1	Blackfeet (7)	6,341	52
Pondera	6,433	- 4	17	9.5	13	+ 3.5	Blackfeet (7)	609	35
Area VI									
Lake	21,041	+ 9	18.5	10	11	+ 1	Flathead (6)	4,329	39
Sanders	8,699	0	18	8	10	+ 2	Flathead (6)	393	30
Area X									
Hil.	17,654	- 2	16	12	12	0	Rocky Boy** (7)	1,708	46
Total			21%	14%	15%	+ 1			46%

* also 2.7 % of Phillips County
** also 2% of Choteau County

Level of Poverty and Changes in Percentages of Food Stamp Recipients between July 1991 and December 1992

Many factors affect the level of demand for food stamps; chief among them, is the state of the local economy. An example was the closing of a Reservation industry in Roosevelt County (Table D) which led to an increase in Food Stamp Program recipients from 17 percent to 22 percent. The average level of food stamp use in 1992 for all counties in Table D is 15 percent, a difference of seven percent from the 21 percent average poverty level.

Table A shows a difference of 12 percent between the average poverty level (17%) and average amount of Food Stamp Program recipients in 1992 (5%); this is a larger gap than other tables show. All but two counties in Table A have experienced a population decline indicating what is happening economically, and that is paralleled by a decline in food stamp use in nearly every county.

In Table B, there is a six percent difference between average poverty level (13%) and average Food Stamp Program use (7%). These medium sized counties show a population loss in eight counties, a gain in five, and one unchanged. It may be that direction of population change is less important when it comes to level of Food Stamp Program use than is having an urban center (defined by the census as 2,500 or more). Whether population went up or down, the 10 counties with a town of 2,500 or more have an average of eight percent of the population receiving food stamps. The four counties without urban centers average five percent, similar to counties in Table A.

Workers in geographically large, sparsely populated counties face a different situation than those in counties with towns and cities where the population is more concentrated. That may be one reason (among many) that Table B counties with urban centers have an average Food Stamp Program use comparable to that of counties in Table C where the average level in 1992 was eight percent. Table C shows the most gain in Food Stamp Program recipients, up from six percent to eight percent of the population, for a difference of five percent from the 13 percent average level of poverty - the smallest gap shown by any of the four tables. (An exception is Gallatin County, where poverty level is 17 percent and Food Stamp Program use is 4.5 percent, a 13 percent difference.)

Pointing out patterns in population characteristics, such as degree of poverty and level of Food Stamp Program use, is suggestive, but cannot be taken to imply a direct relationship among the variables. Nor does this answer the question of whether Food Stamp Outreach has contributed to variations among and within different types of counties. There are many other factors that affect, and are affected by, the scope of the Food Stamp Program and the impact of outreach upon that program. Within the different context created by local economic and demographic characteristics,

the Outreach Program varied according to the level of understanding and efforts of individual Workers, the approach and actions of different Area Agencies on Aging , reactions of County Human Service/Welfare offices, and responses of potential Food Stamp Program clients.

Governor's Office on Aging Statistics On Food Stamp Outreach

The reporting form designed by the Governor's Office on Aging asked Workers to record the number of contacts for all clients in one month, the number of clients assisted in applying for food stamps during the month, and other aspects of the application process. These figures were summarized by the Governor's Office to reach a total number of individuals contacted, number assisted in applying for food stamps, number receiving food stamps, and so on. The annual totals reported have been for the State as a whole.

To get an idea of the level of contacts in different counties, the figures on a county-by-county basis were requested. Reports were provided for the six months from July 1, 1991 to September 30, 1992. The figures listed below in Table F show the number of contacts per county for each of the two six-month periods, and the number of group presentations made.

Table F. Information From Governor's Office on Aging Monthly Reporting Form.

Areas	No. of Contacts Reported			Average No. of Contacts per worker/per month	Target No. of Ind. per worker /per month	Group Presentations		
	July-Dec 1991	Apr-Sept 1992	12 Total			1991	1992	Total
Area I								
Carter	4	8	12			6		6
Custer	10	6	16			2		2
Daniels	4	3	7			1	3	4
Dawson	4	34	38			1		1
Fallon	21	12	33			1	1	2
Garfield	1	2	3			1		1
McCone	4	13	17					
Phillips	6	58	64					
Powder River	5	16	21					
Prairie	2	3	5			2		2
Richland	2	11	13			4	9	13
Rosebud	4	3	7					
Roosevelt	3	12	15			3	3	6
Sheridan	14	2	16			1		1
Treasure	5	9	14					

Areas	No. of Contacts Reported			Average No. of Contacts per worker/per month	Target No. of Ind. per worker /per month	Group Presentations		
	July-Dec 1991	Apr-Sept 1992	12 Total			1991	1992	Total
Valley	53	53	106			4	10	14
Wibaux		5	1					
Total			392	2	9			52
Area II								
Big Horn	12		12			2		2
Carbon								
Fergus	37	21	58				2	2
Golden Valley								
Judith Basin	4	46	50			0	3	3
Musselshell	13	29	42					
Petroleum								
Stillwater		7	7			4		4
Sweetgrass	11	11	22					
Wheatland	11	2	13					
Yellowstone	84	11	95					
Total			299	3	17			11

Areas	No. of Contacts Reported			Average No. of Contacts per worker/per month	Target No. of Ind. per worker /per month	Group Presentations		
	July-Dec 1991	Apr-Sept 1992	12 Total			1991	1992	Total
Area III								
Blaine	6	8	14			1		1
Choteau	2		2			1		1
Glacier	3		3					
Liberty	5	3	8			1		1
Pondera	4		4			2	3	5
Teton	1	3	4					
Toole	8	4	12			2		2
Total			47	17				10
Area IV								
Broadwater	11	12	23			1		1
Gallatin	198	201	399			4	11	15
Jefferson	91	41	132					
Lewis & Clark	382	482	864			2	1	3
Meagher	17	6	23				1	1
Park		359	359				11	11

Areas	No. of Contacts Reported			Average No. of Contacts per worker/per month	Target No. of Ind. per worker /per month	Group Presentations		
	July-Dec 1991	Apr-Sept 1992	12 Total			1991	1992	Total
Total			1800	37	8			31
Area V								
Beaverhead								
Deer Lodge								
Granite								
Madison								
Powell	84	63	147			3		3
Silver Bow	29	26	55					
Total			202	3	19			3
Area VI								
Lake	49	33	82			14	9	23
Lincoln	54	60	114			6	6	12
Mineral	27	21	48			14	8	22
Ravalli	163	165	328			26	28	54
Sanders	267	14	291			22	39	61
Total			863	14	3			172

Areas	No. of Contacts Reported			Average No. of Contacts per worker/per month	Target No. of Ind. per worker /per month	Group Presentations		
	July-Dec 1991	Apr-Sept 1992	12 Total			1991	1992	Total
Area VII								
Crow								
Blackfeet	4	2	6					
Fort Belknap	11		11					
Fort Peck								
No. Cheyenne								
Rocky Boy								
Total			17	3	2			
Area VIII								
Cascade	17	26	43	2	16		1	1
Area IX								
Flathead	19	40	59	2	16			
Area X								
Hill	5		5	2	16			
Area XI								
Missoula	49	61	110	9	24			

Because the nature of the "contacts" is not specified, numbers vary greatly. The list does provide some indication, however, of what was viewed as number of Food Stamp Outreach contacts in different counties during those time periods. The total number of contacts can be seen for each Area, as reported for those 12 months (found at the bottom of the list of counties). This number was divided, were divided by 12 to reach an average monthly figure. This figure was divided by the numbers of Workers in the area to get the average number per Worker per month of contacts reported (Column 4). This figure is compared with the approximate number of individuals projected as a target number by each area (column 5), which is taken from column in Table E.

Since there is no standard measure of "contacts" nor of "individuals" expected to receive services, the figures are merely suggestive. They do, however, provide a starting point for a discussion of level of effort expended in different localities.

Monthly reporting forms provide information about certain activities, i.e., contacting clients or assisting them in the application process. A problem with the narrow definition of "clients" is that it is hard to track results, since application for or receiving food stamps could happen some time after a Worker contacted or assisted them. In most cases, there has not been a feedback mechanism from the county offices that would enable tracking of specific clients helped by the Food Stamp Outreach Worker. The forms were confusing for some Workers to complete, according to one Area Agency on Aging Director who had to review the forms for "accuracy" to get the numbers to add up, and so on. Some wide variations in figures for similar types of counties, or from different time periods for the same county, also point to difficulties in comparing figures.

The form has a place for reporting on the number of group presentations, but it would be useful to have more information on the types of groups and reason for presentation. Also needed is a place on the form to list other activities, for example, meeting with manager of low income housing project, recruiting volunteers to assist in canvassing low income residences, meeting with County Director or Eligibility Specialist, working on publicity, and so on.

An approach to developing a more useful reporting form would be to get feedback from key Workers regarding type of form that would be helpful to them to record activity and would give a broader picture of the outreach efforts. It must be recognized that outreach results are not necessarily tangible, for example, publicity might help to create a climate that makes food stamp use more acceptable, so that someone in need might be more willing to reach out for assistance.

Summary

Census and statistical data were obtained from the Montana Departments of Social and Rehabilitation Services and Commerce and the Governor's Office on Aging. In July 1991, there were 61,380 food stamp recipients in Montana (8% of the total population). The number varies through the next 18 months, from a low of 59,533 in September, 1991 to a high in December 1992 of 69,269 (9% of the population). These figures show that food stamp use increased 13 percent during the evaluation period. The degree to which the Food Stamp Outreach Program contributed to the increase in food stamp recipients is difficult to measure and beyond the scope of this evaluation.

Although the Governor's Office on Aging did not prepare posters or pamphlets, two press releases were prepared by Governor Stan Stephens and were distributed to Montana's daily, weekly, and 18 "aging network" newspapers. The press releases were also sent to the television stations.

Thirty thousand "Food Stamp" brochures were prepared by the Department of Social and Rehabilitation Services and 10,000 were distributed in quantity to the Food Stamp Outreach Workers, 146 senior centers and congregate meal sites. Eight thousand were sent to the 56 county human service/welfare offices. In addition, a brochure "Food Stamps and Other Nutrition Programs" which was prepared by the Social Security Administration and a Program Aid, Number 1340, "Facts About the Food Stamp Program" which was prepared by the U.S. Department of Agriculture was sent to senior centers and nutrition sites, Food Stamp Outreach Workers, Information and Referral Technicians, and Area Agencies on Aging.

A letter and flyer was developed by the Governor's Office on Aging and sent to Montana programs concerned with hunger among children and women. The letters and flyers were sent to 11 directors, Area Agencies on Aging, 56 county health departments, six tribal health departments, Indian Health Service, 59 Montana State Women, Infant, and Children programs, and 730 medical doctors and nurses.

The Governor's Office on Aging, in cooperation with the Healthy Mothers, Healthy Babies "Baby Your Baby" program, developed a 30-second public service announcement for television. The $3000 announcement focused on the transportation service that Food Stamp Outreach Workers could provide to clients and the assistance prepared by Healthy Mothers Health Babies and was included in a series of three that were produced. Six television stations in Montana received the announcements and were rotated during a six-month period of time. In addition the single public service announcement focusing on transportation and the help that Food Stamp Outreach Workers could provide to clients and assistance in filling out forms was distributed to another five television stations and was aired over a three-month period of time. Five additional television stations were sent the single public service

announcement, but they did not return the card on their airing of the announcements.

Through December 31, 1992, the "Baby Your Baby" program had recorded a total of 1351 individuals who had telephoned the toll-free telephone number. The individuals who call the toll-free telephone number are provided with a flyer and name of the Food Stamp Outreach Worker in their county should they require assistance.

During the 18-month evaluation, Montana's 59 Food Stamp Outreach Workers contacted approximately 5756 potential clients for an average of 320 contacts per month for an average of 5 contacts per worker per month. During this same period of time, the Food Stamp Outreach Workers reported 420 group presentations or 23.33 presentations per month for an average of .395 group presentations per worker per month.

The Food Stamp Outreach Workers identified the following organizations and agencies that they contacted in their county: Twenty-two have contacted their senior center(s), nine their Public Health Nurse, five teachers/schools, five ministers/churches, four WIC program, three low-income housing, two commodity distribution points, two Lions/Elks, and 10 Food Stamp Outreach Workers contacted one additional grass roots organization (4-H Club, independent living, Senior Companion Program, postmaster, home health, Low-Income Energy Assistance Program, Food Bank, Adult Protective Social Workers, Hospital, and Foster Grandparent Program). The names, addresses, and telephone numbers of the organizations and agencies were not requested from the Food Stamp Outreach Workers during the telephone interview.

Publicity utilized by the Food Stamp Outreach Workers includes posters, newspaper stories in the local and senior newspapers, radio, and flyers. Most of the posters on the Food Stamp Program were provided by the Area Agencies on Aging. Twelve of the Food Stamp Outreach Workers who were interviewed stated that they displayed them in such places as food banks, laundromats, churches, homeless shelters, convenience stores, senior citizens centers, post offices, county buildings, college, and hospitals. In addition, two Workers made their own posters. Three of the Workers interviewed utilized the radio for publicity efforts.

Of the 34 County Directors, over half (19 or 56%) made favorable comments or comments that could be considered neutral. Fifteen (44%) made unfavorable comments or reported having no contact with the Food Stamp Outreach Worker.

In the 25 counties with a population of 6000 or less, nine County Directors (36%) made favorable or comments that could be considered neutral. Approximately six out of ten (64%) County Directors made unfavorable comments or reported having no contact

with the Workers.

In the 14 counties with a population between 6000 and 26,000, seven County Directors (50%) reported favorable or comments that could be considered neutral. Seven County Directors made unfavorable comments or reported having no contact with the Workers.

Six of the seven (86%) County Directors serving counties with a population of 26,000 or more reported favorable comments regarding the Food Stamp Outreach Program.

In conclusion, the Food Stamp Outreach Program was conceived in the best interests of Montana's low-income elderly. The "aging network" came forth with matching money to implement the Program. Because the focus was initially placed on the elderly, little training and communication was required because many of the Information and Referral Technicians were already providing information about programs that could affect and assist the elderly in time of need. The Area Agencies on Aging existing Information and Referral contracts and job descriptions for the Technicians, in writing or oral, were considered as sufficient. With added responsibilities for pregnant women, newborns, and now, in the current Contract, for migrants, the education, training, communication, and reporting forms are no longer sufficient. The "aging network" must be re-trained regarding these added responsibilities and techniques for identifying the current target population must be developed.

Referrals are beginning to come in from some organizations to the Workers, some publicity has been generated, a public service announcement has been aired on television, limited information has been delivered on the radio, and some information has appeared in the newspapers. Contacts and group presentations have occurred in spite of the fact that the Office on Aging and the Area Agencies on Aging did not have a clear understanding at the inception of the Program as to who was responsible for which activities. Regardless, the Food Stamp Outreach Workers are performing services that they perceive they are supposed to deliver under the existing circumstances. But, as one Area Agency on Aging Director and one Food Stamp Outreach Worker said, and others have similarly expressed: "Is there more that you would like us/me to do?"

The Workers await further instructions.

MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

Purpose of the Project

The Office on Aging, Montana Department of Family Services (State Agency on Aging), was awarded a grant from the Department of Social and Rehabilitation Services Human Services, under the Hunger Prevention Act of 1988, Public Law 101-435 [S. 2560]; September 19, 1988, Section 204, to develop an effective approach and method of Food Stamp Outreach and client assistance to Montana low-income elderly, families with children, seasonal and migrant farm workers, and homeless.

Montana ranks 44th among the states in population. The population of Montana, as determined by the 1990 census, is 799,065 with an annual family income of $28,044 a year. 17.6 percent (140,813) of Montanans are 60 years of age or older and 15.9 percent (126,919) are 65 years of age or older. 12,433 of those 65 years of age or older are low-income. More than 24 of Montana's 56 counties have "over 60" populations in excess of 20 percent. 123,155 residents are enrolled in Medicare and 40,563 are recipients of the Medical Assistance program. There are 12,174 Hispanics with 3,493 low-income. The unemployment rare in Montana is 6.5 percent.

The overall goal, then, of the proposed 12-month program is the planning, development, and implementation of a comprehensive statewide program that will provide Montana's potential Food Stamp clients with additional information and assistance in order for those that are eligible to obtain Food Stamps. Specifically, these conditions suggest that the following objectives must be met: (1) increase the distribution of Food Stamp Program information to low income individuals and groups; (2) provide individual and group informational sessions; and (3) establish a system of referral for clients to other federal, State, or local agencies for assistance with problem areas.

The successful achievement of Montana's Food Stamp Outreach Program objectives will result in the establishment of a statewide outreach program for clients located in 56 counties and on seven federal Indian Reservations.

MONTANA

PARTNERSHIP for FOOD STAMP OUTREACH

Ratio of 1989 Income to Poverty Level of Persons for Whom Poverty Status is Determined/1

County	All Persons	Percent Below 1.25	Recipients	Percent
MONTANA	799,065	21.9	72,186	8.93
Beaverhead	8,424	25.5	731	8.62
Big Horn	11,337	44.4	2,625	22.87
Blaine	6,728	36.3	930	13.62
Broadwater	3,318	22.0	339	10.07
Carbo	8,080	23.0	635	7.94
Carter	1,503	37.3	50	3.50
Cascade	77,691	19.4	6,728	8.57
Chouteau	5,452	23.7	258	4.76
Custer	11,697	21.7	1,224	10.50
Daniels	2,266	22.1	31	1.46
Dawson	9,505	19.6	563	6.03
Deer Lodge	10,278	22.9	1,170	11.52
Fallon	3,103	18.0	131	4.20
Fergus	12,083	20.9	606	4.88
Flathead	59,218	19.9	5,353	8.80
Gallatin	50,463	22.2	2,415	4.65
Garfield	1,589	30.6	25	1.68
Glacier	12,121	43.0	3,069	25.55
Golden Valley	912	33.5	45	5.01
Granite	2,548	29.6	213	8.39
Hill	17,654	23.1	2,200	12.48
Jefferson	7,939	11.6	440	5.43
Judith Basin	2,282	22.1	91	3.99
Lake	21,041	29.1	2,646	12.20
Lewis and Clark	47,495	16.2	3,703	7.67
Liberty	2,295	26.1	41	1.81
Lincoln	17,481	20.9	2,118	12.10
McCone	2,276	25.0	283	4.63
Madison	5,989	24.1	65	2.99
Meagher	1,819	31.0	121	6.62
Mineral	3,315	24.4	525	15.81
Missoula	78,687	21.8	7,246	9.00
Musselshell	4,106	31.9	403	9.72
Park	14,562	21.3	1,108	7.72
Petroleum	519	30.4	2	0.39
Phillips	5,163	21.4	392	7.59
Pondera	6,433	24.3	691	11.02
Powder River	2,090	23.7	45	2.20
Powell	6,620	22.6	370	5.59
Prairie	1,383	24.0	26	1.93
Ravalli	25,010	24.4	2,184	8.33
Richland	10,716	20.0	712	6.71
Roosevelt	10,999	35.7	2,425	22.43
Rosebud	10,505	25.3	1,465	14.08
Sanders	8,669	29.7	961	11.18
Sheridan	4,732	24.4	181	3.96
Silver Bow	33,941	19.7	3,777	11.08
Stillwater	6,536	14.3	372	5.55
Sweet Grass	3,154	18.7	155	4.91
Teton	6,271	24.8	303	4.91
Toole	5,046	18.2	314	6.32
Treasure	874	23.5	65	7.29
Valley	8,239	24.5	800	9.74
Wheatland	2,246	32.6	159	6.95
Wibaux	1,191	26.3	99	8.53
Yellowstone	113,419	17.3	8,557	7.41

/1 All except institutionalized persons, persons in military group quarters and college dormitories, and unrelated individuals under 15 years of age. Compiled by the U.S. Bureau of the Census; processed by the Census and Economic Information Center, Montana Department of Commerce.

State of Montana
Department of Social and Rehabilitation Services
The Economic Assistance Management System

Foodstamp Outreach Age Report for May 1, 1993

County	Under 15 Count	Under 15 Percent	15-44 Count	15-44 Percent	45-64 Count	45-64 Percent	Over 64 Count	Over 64 Percent	Total
MONTANA									
Beaverhead			174	64	60	22	38	14	272
Big Horn			553	80	107	16	28	4	688
Blaine			213	76	44	16	25	9	282
Broadwater			75	62	26	21	20	17	121
Carbon			145	63	51	22	36	16	232
Carter			7	32	7	32	8	36	22
Cascade	1		1,959	72	521	19	252	9	2,733
Chouteau			44	56	14	18	20	26	78
Custer	2		361	74	75	15	51	10	488
Daniels			10	45	6	27	6	27	22
Dawson	1		166	69	41	17	34	14	242
Deer Lodge			336	70	92	19	55	11	483
Fallon			30	58	7	13	15	29	52
Fergus			133	60	44	20	45	20	222
Flathead	4		1,583	73	348	16	221	10	2,156
Gallatin			779	81	90	9	89	9	958
Garfield			4	44	1	11	4	44	9
Glacier			722	76	180	19	42	4	944
Golden Valley			5	53	4	27	3	20	15
Granite			48	62	21	27	9	12	78
Hill	4	1	643	81	98	12	52	7	794
Jefferson			125	66	38	20	27	14	190
Judith Basin			23	68	4	12	7	21	34
Lake			714	80	134	15	45	5	893
Lewis and Clark			1,195	73	285	17	162	10	1,637
Liberty			13	65	3	15	4	20	20
Lincoln	1		593	72	155	19	75	9	824
Madison			52	55	17	18	26	27	95
McCone			13	76	1	6	3	18	17
Meagher			29	55	7	13	17	32	53
Mineral			141	74	32	17	17	9	190
Missoula			2,338	77	496	16	215	7	3,049
Musselshell			78	49	43	27	37	23	158
Park			312	65	93	19	73	15	478
Petroleum					1	100			1
Phillips			97	57	41	24	32	19	170
Pondera			133	61	39	18	47	21	219
Powder River			12	71	1	6	4	24	17
Powell			84	60	35	25	22	16	141
Prairie			3	25	7	58	2	17	12
Ravalli			583	69	153	18	113	13	849
Richland			205	68	55	18	41	14	301
Roosevelt			699	82	130	15	24	3	853
Rosebud			299	75	71	18	27	7	397
Sanders			236	65	86	23	43	12	367
Sheridan			44	56	20	25	15	19	79
Silver Bow	2		1,092	68	327	20	181	11	1,602
Stillwater			85	62	24	17	29	21	138
Sweet Grass			33	57	3	14	17	29	58
Teton			70	53	30	23	32	24	132
Toole			73	55	36	27	24	18	133
Treasure			14	70	5	25	1	5	20
Valley			201	65	62	20	46	15	309
Wheatland			29	49	14	24	16	27	59
Wibaux			18	58	6	19	7	23	31
Yellowstone	4		2,476	76	523	16	252	8	3,260
State Totals:	19		20,098	73	4,824	17	2,736	10	27,677

1990 MONTANA POVERTY STATISTICS FOR FAMILIES
CPH-L-103

COUNTY	POVERTY RATE FOR ALL FAMILIES	FAMILIES IN POVERTY	POVERTY RATE FOR FAMILIES WITH RELATED KIDS <18	POOR FAMILIES WITH RELATED KIDS <18
MONTANA	12.0	25,691	17.6	19,766
Beaverhead County	14.6	315	20.6	224
Big Horn County	30.4	817	37.8	701
Blaine County	23.2	397	30.0	302
Broadwater County	13.2	125	19.5	92
Carbon County	13.5	314	17.6	191
Carter County	22.7	93	29.9	56
Cascade County	10.4	2,218	15.4	1,759
Chouteau County	13.1	205	21.2	161
Custer County	13.9	430	17.6	280
Daniels County	11.4	72	16.5	47
Dawson County	10.3	275	15.5	193
Deer Lodge County	14.0	375	21.6	276
Fallon County	8.1	71	8.7	39
Fergus County	11.0	357	15.3	232
Flathead County	11.7	1,921	17.0	1,474
Gallatin County	9.9	1,236	15.3	983
Garfield County	14.3	63	20.7	47
Glacier County	30.5	872	39.2	738
Golden Valley County	17.9	40	25.2	27
Granite County	17.2	123	28.5	97
Hill County	12.4	561	17.1	450
Jefferson County	5.6	120	7.4	85
Judith Basin County	9.8	65	15.9	47
Lake County	16.6	956	23.8	724
Lewis and Clark County	9.1	1,164	14.0	996
Liberty County	11.9	69	15.0	46
Lincoln County	11.7	575	16.4	429
Madison County	13.1	215	19.6	156
McCone County	16.5	109	20.6	66
Meagher County	13.0	62	17.5	37
Mineral County	14.4	127	21.2	96
Missoula County	12.4	2,522	18.3	1,996
Musselshell County	17.4	196	24.6	135
Park County	12.0	457	18.1	337
Petroleum County	24.2	39	21.7	15
Phillips County	11.5	159	15.1	115
Pondera County	11.1	174	15.6	129
Powder River County	12.8	75	19.9	60
Powell County	12.6	193	21.6	166
Prairie County	11.0	45	13.5	23
Ravalli County	11.1	769	17.8	570
Richland County	12.5	369	15.2	243
Roosevelt County	23.0	633	31.7	535
Rosebud County	14.5	382	18.7	333
Sanders County	14.1	337	18.9	225
Sheridan County	11.4	154	17.6	106
Silver Bow County	11.3	1,028	18.2	793
Stillwater County	8.0	154	9.8	94
Sweet Grass County	5.5	48	9.7	38
Teton County	13.8	233	18.7	146
Toole County	10.0	131	16.1	106
Treasure County	15.4	40	20.5	25
Valley County	12.5	288	17.7	203
Wheatland County	13.5	76	22.2	60
Wibaux County	14.8	48	20.4	32
Yellowstone County	9.0	2,799	13.6	2,230

Compiled by the U.S. Bureau of the Census; Processed by the Census and Economic Information Center, Montana Dept. of Commerce. (406) 444-2896 3/93

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1990 MONTANA POVERTY STATISTICS FOR PERSONS BY AGE
CPH-L-106

COUNTY	POVERTY RATE FOR PERSONS 18+	PERSONS 18+ IN POVERTY	POVERTY RATE FOR PERSONS 65+	PERSONS 65+ IN POVERTY	POVERTY RATE FOR PERSONS	PERSONS IN POVERTY
MONTANA	20.5	44,706	12.5	12,433	16.1	124,853
Beaverhead County	17.1	967	24.5	249	18.6	1,495
Big Horn County	30.6	2,170	28.4	255	35.3	3,949
Blaine County	23.8	1,040	21.5	180	27.7	1,825
Broadwater County	14.9	347	12.7	66	16.2	530
Carbon County	15.4	892	17.2	272	16.8	1,337
Carter County	23.9	262	19.0	50	27.4	406
Cascade County	12.2	6,627	11.1	1,015	13.7	10,332
Chouteau County	14.4	543	8.7	72	16.4	867
Custer County	15.1	1,228	15.1	271	16.5	1,863
Daniels County	14.9	244	16.1	73	15.5	344
Dawson County	11.9	798	11.9	159	14.4	1,346
Deer Lodge County	16.6	1,198	14.5	261	18.6	1,788
Fallon County	10.8	231	12.9	56	10.9	336
Fergus County	13.1	1,094	13.3	265	14.3	1,662
Flathead County	12.9	5,392	13.3	948	14.5	8,429
Gallatin County	16.9	5,992	9.4	401	17.1	8,135
Garfield County	14.5	157	14.1	36	17.3	273
Glacier County	31.3	2,361	25.5	282	35.7	4,224
Golden Valley County	26.6	178	20.5	34	27.5	242
Granite County	18.0	336	13.9	63	21.8	548
Hill County	15.9	1,879	14.2	272	18.0	3,079
Jefferson County	7.2	386	11.6	89	7.4	568
Judith Basin County	14.8	251	10.1	41	15.2	346
Lake County	18.5	2,665	14.2	447	21.4	4,405
Lewis and Clark County	10.2	3,386	8.7	445	11.8	5,457
Liberty County	17.6	273	15.1	49	18.0	390
Lincoln County	12.8	1,555	13.2	267	14.1	2,450
Madison County	16.1	711	17.2	162	18.4	1,086
McCone County	17.1	270	14.0	48	18.6	416
Meagher County	19.7	260	14.7	44	20.1	355
Mineral County	14.0	326	16.8	71	17.6	572
Missoula County	16.1	8,928	10.7	791	17.0	12,864
Musselshell County	21.6	653	23.2	181	23.3	942
Park County	13.1	1,391	10.7	231	15.2	2,162
Petroleum County	24.6	93	25.4	18	25.6	133
Phillips County	15.9	557	21.4	157	17.3	871
Pondera County	16.8	724	13.8	128	17.5	1,082
Powder River County	15.7	233	12.9	38	18.3	376
Powell County	12.8	499	7.4	63	16.9	913
Prairie County	15.7	163	18.5	62	15.3	208
Ravalli County	13.4	2,409	11.6	465	16.3	4,022
Richland County	12.7	917	16.1	211	14.0	1,482
Roosevelt County	22.8	1,585	13.5	151	27.7	2,975
Rosebud County	17.3	1,132	18.8	125	20.4	2,103
Sanders County	17.8	1,085	22.5	300	19.6	1,680
Sheridan County	14.0	475	10.6	101	16.2	751
Silver Bow County	13.1	3,269	9.7	531	14.7	4,889
Stillwater County	10.1	468	14.6	148	10.6	682
Sweet Grass County	9.9	224	11.3	69	10.4	323
Teton County	15.2	662	13.1	137	16.9	1,021
Toole County	13.3	467	11.5	89	14.9	732
Treasure County	13.9	87	12.4	17	15.8	138
Valley County	14.5	849	15.5	202	16.6	1,348
Wheatland County	19.7	315	19.3	84	21.3	456
Wibaux County	17.7	146	23.2	48	18.2	210
Yellowstone County	10.9	8,797	8.7	1,143	12.1	13,435

Compiled by the U.S. Bureau of the Census; Processed by the Census and Economic Information Center, Montana Dept. of Commerce
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repairs, farm taxes (not State and Federal personal income taxes), etc. The value of fuel, food, or other farm products used for family living is not included as part of net income.

4. *Interest, Dividend, or Net Rental Income*—Includes interest on savings or bonds, dividends from stockholdings or membership in associations, net income from rental of property to others and receipts from boarders or lodgers, net royalties, and periodic payments from an estate or trust fund.

5. *Social Security Income*—Includes Social Security pensions and survivors benefits and permanent disability insurance payments made by the Social Security Administration prior to deductions for medical insurance, and railroad retirement insurance checks from the U.S. Government. Medicare reimbursements are not included.

6. *Public Assistance Income*—Includes: (1) supplementary security income payments made by Federal or State welfare agencies to low income persons who are aged (65 years old or over), blind, or disabled; (2) aid to families with dependent children, and (3) general assistance. Separate payments received for hospital or other medical care (vendor payments) are excluded from this item.

7. *Retirement or Disability Income*—Includes: (1) retirement pensions and survivor benefits from a former employer, labor union, or Federal, State, county, or other governmental agency; (2) disability income from sources such as worker's compensation; companies or unions; Federal, State, or local government; and the U.S. military; (3) periodic receipts from annuities and insurance; and (4) regular income from IRA and KEOGH plans.

8. *All Other Income*—Includes unemployment compensation, Veterans Administration (VA) payments, alimony and child support, contributions received periodically from persons not living in the household, military family allotments, net gambling winnings, and other kinds of periodic income other than earnings.

Income of Households—Includes the income of the householder and all other persons 15 years old and over in the household, whether related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

Income of Families and Persons—In compiling statistics on family income, the incomes of all members 15 years old and over in each family are summed and treated as a single amount. However, for persons 15 years old and over, the total amounts of their own incomes are used. Although the income statistics c ered the calendar year 1989, the characteristics f persons and the composition of families refer to the ti of enumeration (April 1990). Thus, the income of family does not include amounts received by perso who were members of the family during all or part of calendar year 1989 if these persons no longer resi with the family at the time of enumeration. Yet, fa income amounts reported by related persons who not reside with the family during 1989 but who w members of the family at the time of enumeration included. However, the composition of most famil was the same during 1989 as in April 1990.

Median Income—The median divides the income d tribution into two equal parts, one having incom above the median and the other having incomes be the median. For households and families, the med income is based on the distribution of the total numb of units including those with no income. The median persons is based on persons with income. The med income values for all households, families, and perso are computed on the basis of more detailed inco intervals than shown in most tabulations. Median hou hold or family income figures of $50,000 or less calculated using linear interpolation. For persons, c responding median values of $40,000 or less are a computed using linear interpolation. All other med income amounts are derived through Pareto interpo tion. (For more information on medians and interpo tion, see the discussion under "Derived Measures."

Mean Income—This is the amount obtained by divid the total income of a particular statistical universe by number of units in that universe. Thus, mean househ income is obtained by dividing total household inco by the total number of households. For the various typ of income the means are based on households hav those types of income. "Per capita income" is the me income computed for every man, woman, and child i particular group. It is derived by dividing the total inco of a particular group by the total population in t group.

Care should be exercised in using and interpret mean income values for small subgroups of the po lation. Because the mean is influenced strongly extreme values in the distribution, it is especially s ceptible to the effects of sampling variability, misrep ing, and processing errors. The median, which is affected by extreme values, is, therefore, a bet measure than the mean when the population base small. The mean, nevertheless, is shown in some c products for most small subgroups because, wi weighted according to the number of cases, the mea can be added to obtained summary measures for are and groups other than those shown in census tabu tions.

MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

Partnership for Food Stamp Outreach

MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

Area Agencies on Aging/1

Congress enacted the 1965 Older Americans Act as a response to the challenges a rapidly increasing older population imposed on our country's systems of health care, retirement, housing, employment, and community services. The Older Americans Act created structures at the federal, State, and local level to administer programs that help our nation's elderly maintain their health and independence in their homes and communities.

Today, the National Network on Aging includes the Administration on Aging, a part of the U.S. Department of Health and Human Services. Montana's 11 Area Agencies on Aging are under contract to the Governor's Office on Aging; the designated State Agency on Aging responsible to administer Older Americans Act programs.

Montana's Area Agencies on Aging are public or private non-profit agencies, designated by the Governor's Office on Aging, to address the needs and concerns of older Montanans at the local level. Every Area Agency on Aging is required to have an advisory council, comprised primarily of older persons, to review and comment on all programs affecting the elderly at the community level. More than 100 advisory council members work in partnership with Montana's Area Agencies on Aging.

The Area Agencies on Aging perform three important activities for older Montanans aged 60 years and over: advocate on behalf of all older persons in their service area; identify the needs of the elderly and create plans for meeting those needs through a system of in-home and community-based services which enable the elderly to maintain their independence and dignity; and administer a wide variety of federal, State, local, and private funds which support those services.

In-home services are provided to home-bound elderly. These services help individuals stay in their own homes and with their families as long as possible. In-home services may include home-delivered meals, home health services, homemaker or home chore services, friendly visiting, telephone reassurance programs, and respite care to assist caregivers of the elderly.

Community-based services are provided at central locations throughout a local area. These services may include adult day care, senior center programs, meals in group settings, legal services, elder abuse prevention, employment services, volunteer opportunities, and long-term care ombudsmen who investigate complaints made by or on behalf of residents of long-term facilities.

Access services help an elderly person or family member connect with appropriate services. Transportation and information and referral services help elderly persons locate appropriate services and assist in evaluating which alternative forms of care best meet their needs.

1/ Adapted from a National Association of Area Agencies on Aging, Brochure.

MONTANA
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Department of Social and Rehabilitation Services/1

The Department of Social and Rehabilitation Services is responsible for administering Montana's economic assistance, Medicaid, vocational rehabilitation, and developmental disability services. Services include Aid to Families with Dependent Children, food stamps, weatherization, energy assistance, general relief assistance, child support payment collection, group homes, sheltered workshops, carer training, and many other programs to meet the social service and rehabilitation needs of Montanans.

Most programs are enacted by the federal government, and the Department receives approximately 72% of its annual budget from the federal government to implement these programs. The remainder of the budget comes from the State general fund. In fiscal year 1991 the Department served 100,000 Montanans at a cost of $324.8 million.

The Department also directly manages the welfare programs of the 12 counties where most of Montana's welfare recipients reside. These "State-assumed counties" are Cascade, Flathead, Lake, Lewis and Clark, Lincoln, Mineral, Missoula, Park, Powell, Ravalli, and Silver Bow.

The work of the Department of Social and Rehabilitation Services is accomplished through the Director's Office plus six Divisions: Child Support Enforcement, Family Assistance, Medicaid Services, Rehabilitative/Visual Services, and Support Services.

The Department employs 923 people at offices in Billings, Bozeman, Butte, Glasgow, Glendive, Great Falls, Havre, Helena, Kalispell, Livingston, Miles City, Missoula, and Warm Springs and in every Montana county.

1/ Working Together to Empower Montanans, SRS Profile, Montana Department of Social and Rehabilitation Services.

MONTANA
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Office on Aging/1

In 1983, House Bill 873, which was introduced during the 48 Legislative Session and signed into law by Governor Schwinden, mandated the following actions that affect the Aging Network: (1) creation of an Office on Aging, headed by a Coordinator of Aging, within the Governor's Office; (2) the Governor shall appoint an Advisory Council on Aging composed of 11 members, a majority of whom must be 60 years of age or older; members shall serve 3-year terms; (3) the Coordinator on Aging must be appointed by the Governor after consultation with the Advisory Council and shall serve at the pleasure of the Governor; (4) The Advisory Council on Aging shall act as the Advisory Board to the Coordinator on Aging; (5) The Coordinator on Aging shall, with the advice of the Advisory Council, assist the Governor in planning, coordination, and operation of programs within State government that affect senior citizens of the State; and (6) the Coordinator shall meet with senior citizens and the general public to gather information on the needs of senior citizens and the effectiveness of State programs in meeting these needs.

In 1989, Governor Stephens signed a Memorandum of Agreement transferring Aging Services Bureau from the Department of Family Services to the Office of the Governor. Also, the Legal Services Developer and the State Ombudsman were transferred to the Governor's Office from the Board of Visitors.

The Governor's Office on Aging has been designated as the State Unit on Aging and is responsible for developing and administering the State Plan on Aging, developing an intrastate funding formula, developing and distributing a uniform Area Agency on Aging plan format, representing the interests of older persons before legislative and regulatory bodies in the State, and evaluating and assisting Area Agency on Aging activities.

The Governor's Coordinator on Aging has been named the State Executive on Aging and is responsible for coordination of all activities related to the State Unit on Aging. The Coordinator and the staff of the Office on Aging are the focal point within the State to administer and manage Montana's State Plan on Aging.

In 1993, Governor Marc Racicot signed into law a bill terminating the Governor's Office on Aging and transferring the functions of the Office to the Department of Family Services.

1/ The Montana State Plan on Aging Title III of the Older Americans Act Federal Fiscal Year 1992-1995, Governor's Office on Aging, Department of Family Services, December 1991, Page 4-5.

MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

Role of Food Stamp Outreach Workers

Montana's Food Stamp Outreach Workers will play an important role in the Food Stamp Program as an information source and as an advocate. The Worker will serve as a link between the client and the agency and between the agencies themselves as they network compatible programs, and as a resource for the identification of possible problem areas that can be improved upon by the effort of the soon to be initiated Food Stamp Program coordinating advisory council.

The Food Stamp Outreach Worker needs to understand the language and application process for Food Stamps in order to be an effective advocate for uninformed persons. Interaction with the public and County Offices of Human Services or Departments of Public Welfare via the volunteer is one of assistance in documentation and assisting the client to understand the language and program.

The Food Stamp Outreach Worker will be a resource to the community by being able to assist individual clients face-to-face and to help them gather the various documents required by the Food Stamp Program. The Worker can help clients to organize and present their Food Stamp Program questions in a manner that can be more easily and readily understood by Eligibility Specialists. In turn, the response, organization, and system procedures can be interpreted and clarified by the Worker to the client. The Worker will serve as a coordinator, organizer, and interpreter for the public at large.

The Food Stamp Outreach Workers, in their mission to enhance access to Food Stamps for the targeted population, will have county eligibility technicians as their Food Stamp Program contact. The Department of Social and Rehabilitation Services has been asked to designate an eligibility technician per county to work with the Food Stamp Outreach Workers. An overview of the Food Stamp application process and the Medicaid network will be presented during the initial training.

While eligibility will continue to be determined by the county offices, the Workers will provide assistance to applicants by helping them to complete applications, helping them to organize and present requested documentation, clarifying governmental language for applicants, and coordinating follow-up appointments. It is anticipated that the Worker will generate new applicants through the Food Stamp Outreach Program.

The Food Stamp Outreach Worker's role in counseling the potential Food Stamp Program applicant is to ensure that the

applicant is made fully aware of the variety and scope of the Food Stamp Program. It is not intended that the Worker will have immediate and ready knowledge about the diverse program, but rather will have the information available and the confidence to contact the appropriate entity. A list of contact persons will be distributed to the Workers during initial training.

Brochures referencing the Food Stamp Program will be made available for distribution by the Workers. These brochures may be utilized by the Workers in making individual contacts and at group meetings or public distribution sites such as senior centers, hospitals, laundromats, post offices, low-income housing projects, and health offices.

The Workers will be invited to attend presentations conducted by the Area Agencies on Aging and other public education meetings sponsored by the Department of Social and Rehabilitation Services.

A critical task of the Food Stamp Outreach Worker is to exceed the role of the Information and Referral Technician who acts solely as an informant. In order to be an effective contributor in reducing confusion and bridging gaps in and among the numerous programs, the Worker needs to negotiate the client's use of the program and to ensure its accessibility. The Food Stamp Outreach Worker will provide information dissemination, transfer, linkage, outreach, and, in the aggregate, any data necessary for research and planning.

Through visibility at community meetings, by contact with the various agents of programs, and by public exposure through media campaigns, the Food Stamp Outreach Worker will become identified as a positive resource for the confused applicant of the Food Stamp and other programs. The providers will be made aware of the Food Stamp Outreach Worker from the inclusion of the Worker in outreach efforts made by the Department of Social and Rehabilitation Services. Persons who are applicants in the respective office that are identified by agency employees of being at risk in failing to complete application procedures or who might be prevented from contacting other offices for assistance will be referred to the Food Stamp Outreach Worker. In addition, the Food Stamp Outreach Worker will know and share resources with the Information and Referral Technician and Information, Counseling, and Assistance Volunteer.

MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

Food Stamp Outreach Workers Job Description

Purpose of Position: To provide Food Stamp Program information, assistance and referral services to low-income households.

Responsible to: Area Agency on Aging's Coordinator for the Office on Aging State Food Stamp Outreach Program.

Responsibilities:

1. Satisfactory completion of certification training conducted under the auspices of the Office on Aging Food Stamp Outreach Program.

2. Conducts individual Food Stamp Outreach Program informational sessions.

3. Assesses client's need for information and/or assistance.

4. Provides referrals to County Offices of Human Services or Departments of Public Welfare.

5. Assists with Food Stamp Program application filing, but does not determine Food Stamp eligibility.

6. Files reports and provides follow-up as required.

7. Handles client information in strictest confidence.

8. Satisfactorily completes continuation training as required by the Office on Aging and the Area Agency on Aging.

Desired Qualifications:

1. Ability to get along with others.

2. Sensitive and caring attitude.

3. Willingness to learn about and an ability to retain information relevant to the Food Stamp Program and application filing procedures.

4. Good written and oral communication skills.

Time Commitment:

1. An agreed number of hours with the Director, Area Agency on Aging.

MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

Listening Skills for Counselors/1

"Have you ever been to a party and met someone you instantly liked or disliked? What was it about that person that was a turn-on or a turn-off? Did you later get to know him/her and find your first impressions were not true?

People usually rely on first impressions. Making a bad first impression can be difficult to overcome. People who are in sales have to make a good first impression if they are going to succeed. Often such people get special training on how to meet people.

In working with clients it is important to make a good first impression in order to win them over. Unless they have confidence in you, all your knowledge about health insurance may never be shared or used.

Continue to think about first impressions when you go about your day-to-day work. Notice how other people operate, from the banker to the grocery clerk. Do they greet you with a smile and make eye contact? If they are smart business people, they should. Focus on your own mannerisms. What traits do you need to improve upon? You might try making a list of desirable traits and trying slowly to develop them. Practice on family, friends, and those you work with. It is important to make good impressions when you are dealing with people.

Ask anybody what problems they are experiencing, and you will find they are related to communication. Marriage experts say poor communication is the major problem between spouses. Business experts say executives need training in communication. Secretaries would agree. Ask teenagers if their parents listen to them. They will probably say, "no."

All of us could stand to be better communicators. We do not always listen as well as we should nor say exactly what we think or feel. It is important for you to practice developing your listening skills. Your family will notice a difference and so will your friends."/1

/1 Health Insurance Counseling for Senior Citizens, Department of Health and Human Services, Health Care Financing Administration, Page C-1.

MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

Counseling Guidelines Summary

1. Avoid making decisions for your client.

2. Encourage clients to act on their own behalf.

3. Treat your client in a caring manner. Be supportive as well as professional.

4. Be sure you understand the question the person is asking before you provide an answer.

5. Learn as much as you can about the Food Stamp Program...and keep on learning.

6. When in doubt, say so. Follow-up to get the right answer.

7. Don't tell your client that the problem will be resolved by the courts.

8. Before the meeting ends, agree on what further contact is needed.

9. Complete the paperwork on the session.

10. Remember to keep all applicant information confidential.

11. Do not tell the applicant he/she is eligible for Food Stamps. That is the responsibility of the County Eligibility Specialist.

MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

Record of Contact

Form DFS-SUA-123-FSW
(Rev. 10/91)

FOOD STAMP OUTREACH WORKSHEET

Date Opened: _____
Follow-up Dates: _____
_____
_____
_____
_____
Date Closed: _____

COUNTY: _____

CLIENT'S Name: _____

Address: _____

_____

1. Age of client: _____ 60 plus; _____ 30 - 50; _____ 18 - 29; _____ under 18

2. Clients household information:
   - _____ Number of people in household
   - _____ Number of children ages 0 to 4 years
   - _____ Number of children ages 5 to 12 years
   - _____ Number of children ages 13 to 18 years

3. Is this client: _____ expecting a child; _____ have a new child age 0 to 2 years

4. Was the client receiving food stamps at the time of the initial intake or contact? ____YES ____NO

   4a. If YES, are you assisting the client in the re-certification process? ____YES ____NO

   4b. If NO, why not?
   - ____ Application is still pending
   - ____ Application was denied
   - ____ Didn't know if he/she was eligible
   - ____ Benefits are too low to make it worthwhile
   - ____ Too much paperwork
   - ____ Too embarrassing to get/use food stamps
   - ____ Don't need them
   - ____ Didn't know about food stamp program

5. Did you assist the client in applying for food stamps? ____YES ____NO

   5a. If YES, did you
   - ____ Referred directly, with **no** assistance from outreach worker, to Human Services Office?
   - ____ Provide an application to, but **did not** help the client complete it?
   - ____ Assist in getting client and/or application to the Human Services Office?

6. Did you provide follow-up service to insure the client submitted the application and/or received service?
   ____YES ____NO

7. Is client now receiving Food Stamps? ____YES ____NO

   7a. If NO, why not?
   - ____ Application is still pending
   - ____ Ineligible for food stamps
   - ____ Don't need them
   - ____ Eligible for food stamps but won't use them—too embarrassed, thinks they are welfare, etc.
   - ____ Referred to County Human Services Office for food stamps but did not apply
   - ____ Did not complete re-certification form
   - ____ NO REASON GIVEN
   - ____ OTHER _____

Please use back of this sheet for COMMENTS.

Form DFS-SUA-123-FS
(Rev. 10/91)

FOOD STAMP OUTREACH MONTHLY REPORT

OFFICE ON AGING
Capitol Building
Helena, MT 59620

AREA: _____ COUNTY: _____ Month: _____

1. Total number of contacts for all clients this month? _____

2. Total number of outreach worksheet forms completed for new clients this month: _____

2A. How many of the new clients this month were receiving food stamps at the time of the initial intake/conta
_____

2B. How many new clients this month were not receiving food stamps at the time of the initial intake/contact? _____

2C. Of those clients who were not receiving food stamps at the time of the initial intake/contact, how many (choose only
for each client):

Had applications already pending _____
Had applications previously denied _____
Didn't know if he/she was eligible _____
Said benefits were too low to make it worthwhile _____
Said too much paperwork _____
Said it's too embarrassing to get/use food stamps _____
Don't need them _____
Didn't know about Food Stamp Program _____

3A. How many clients did you assist in applying for food stamps this month? _____

3B. Of those you assisted, how many did you:

— Referred directly, with **no** assistance from outreach worker, to Human Services Office? _____
— Provide an application to, but **did not** help the client complete it? _____
— Assist in getting client and/or application to the Human Services Office? _____

4. How many clients did you provide follow-up services to regarding their application and/or the receiving of food sta
services? _____

5A. Of those clients **assisted**, how many were deemed eligible to receive food stamps this month? _____

5B. Of those clients who **were not deemed eligible to receive food stamps** this month, how many:

Were ineligible for food stamps? _____
Say they don't need food stamps? _____
Have application pending _____

6. How many clients did you assist in the re-certification (monthly financial reporting) process this month? _____

7. How many clients do you have on a waiting list to be contacted? _____

8. How many groups did you make presentations to regarding the food stamp program this month? _____ A
how many people were in attendance? _____

9. Number of clients assisted this month by age group: _____ 60 plus; _____ 30-50; _____ 18-29; _____ under

10. Of the clients assisted, how many had:

— Children ages 0 to 4 years living with them? _____
— Children ages 5 to 12 years living with them? _____
— Children ages 13 to 18 years living with them? _____
— Adults/Children 19 years or older living with them? _____

11. Number of clients: _____ expecting a baby; _____ with children 0 to 2 years old

OUTREACH WORKERS SIGNATURE: _____ Date: _____

MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

Regional Coordinators

Area I Agency on Aging	Lori Brengle	111 West Bell Glendive, MT 59330 406.365.3364

Carter
Custer
Daniels
Dawson
Fallon
Garfield
McCone
Phillips
Powder River
Prairie
Richland
Roosevelt
Rosebud
Sheridan
Treasure
Valley
Wibaux

Area II Agency on Aging	Karen Erdie	343 Main Roundup, MT 59072 406.323.1320

Big Horn
Carbon
Fergus
Golden Valley
Judith Basin
Musselshell
Petroleum
Stillwater
Sweet Grass
Wheatland
Yellowstone

Area III Agency on Aging	Rhonda Wisner	323 South Main Conrad, MT 59425 406.278.7553

Blaine
Chouteau
Glacier
Liberty
Pondera
Teton
Toole

Area IV Agency on Aging	Charles Briggs	Box 1717 Helena, MT 59624 406.442.1553
Broadwater Gallatin Jefferson Lewis and Clark Meagher Park		
Area V Agency on Aging	Jane Anderson	P.O. Box 608 Anaconda, MT 59711 406.563.3110
Beaverhead Deer Lodge Granite Madison Powell Silver Bow		
Area VI Agency on Aging	Duane Lutke	12 5th Avenue East Polson, MT 59860 406.883.6211
Lake Lincoln Mineral Ravalli Sanders Flathead Reservation		
Area VII Agency on Aging	Darrell Lamere	Box 21838 Billings, MT 59102 406.252.4812
Blackfeet Reservation Crow Indian Reservation Fort Belknap Reservation Fort Peck Reservation Northern Cheyenne Reservation Rocky Boy's Reservation		
Area VIII Agency on Aging	Randy Barrett	P.O. Box 202 Black Eagle, MT 59414 406.761.1919
Cascade		
Area IX Agency on Aging	Jim Atkinson	723 5th Avenue East Kalispell, MT 59901 406.752.5300
Flathead		

Area X Agency on Aging Hill	Evelyn Havskjold	2 West Second Street Havre, MT 59501 406.265.5464
Area XI Agency on Aging Missoula	Susan Kohler-Hurd	227 West Front Missoula, MT 59802 406.728.7682

MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

County Mailing Address

County	Name	Address and Telephone
Beaverhead	Wayne Contway	2 South Pacific, CL#9 Dillon, MT 59725 683-2142
Big Horn	Jean Kukes	P. O. Box 426 Hardin, MT 59034 665-1906
Blaine	Tim Whitney	Box 1088 Chinook, MT 59523 357-2276
Broadwater	Patti Giesick	P. O. Box 48 Townsend, MT 59644 266-3157
Carbon	Mary Newman	Box 670 Red Lodge, MT 59068 446-1302
Carter	Betty Mueller	Box 759 Bake, MT 59313 775-8751
Cascade	George Shanley	Box 1546 Great Falls, MT 59403 761-6605
Choteau	Olga Erickson	Box 459 Fort Benton, MT 59442 622-5432
Custer	Sue Matthews	1010 Main Street Miles City, MT 59301 232-7800 Ex. 37
Daniels	J. T. Brownlee	Box 413 Plentywood, MT 59254 765-1370
Dawson	Joan Brenner	207 West Bell Glendive, MT 59330 365-4314

Deer Lodge	Patty Guiberson	307 East Park #205 Anaconda, MT 59711 563-3448
Fallon	Betty Mueller	Box 759 Baker, MT 59313 778-2883 Ex. 30
Fergus	Boni Braunbeck	300 1st Ave. North #201 Lewistown, MT 59457 538-7468
Flathead	Ruth Davis	Box 1096 Kalispell, MT 59901 755-1515
Gallatin	Joan Davies	311 West Main, Room 300 Bozeman, MT 59715 585-1420
Garfield	Sue Matthews	P.O. Box 531 Terry, MT 59349 637-2133
Glacier	Eva Bruney	Drawer S Browning, MT 59417 338-5131 1210 East Main Street Cut Bank, MT 59427 837-4113
Golden Valley	Boni Braunbeck	P. O. Box 4920 Harlowton, MT 59036 568-2231
Granite	Frieda Howery	P. O. Box 370 Philipsburg, MT 59858 859-3831
Hill	Nancy Neibauer	302 4th Avenue Havre, MT 59501 265-4348
Jefferson	Wanda Stout	Box 836 Boulder, MT 59632 225-4251
Judith Basin	Boni Braunbeck	Box 416 Stanford, MT 59479 566-2461

Lake	Marilyn Becker	Box 847 Polson, MT 59860 883-5322
Lewis & Clark	Bonnie Holman	P. O. Box 5029 Helena, MT 59604 444-1700
Liberty	Nancy Neibauer	302 4th Avenue Havre, MT 59501 265-4348
Lincoln	Susan Gosney	117 Commerce Way Libby, MT 59923 293-3791
Madison	Emery Smith	Box 75 Virginia City, MT 59755 843-5324
McCone	Sue Matthews	P.O. Box 531 Terry, MT 59349 485-3425
Meagher	Juanita Mallo	Box 514 White Sulphur Springs, MT 59645 547-3752
Mineral	Carol Graham	Box 626 Superior, MT 59872 822-4551
Missoula	Carol Graham	301 West Alder Missoula, MT 59802 721-9360
Musselshell	Boni Braunbeck	26 Main Street Roundup, MT 59072 323-2101
Park	Juanita Mallo	217 South Main Street Livingston, MT 59047 222-8000
Petroleum	Boni Braunbeck	300 1st Ave. North #201 Lewistown, MT 59457 538-7468
Phillips	Linda Dillard	P. O. Box 1339

		Malta, MT 59538 654-2252
Pondera	Rita Christiaens	20 4th Avenue SW Conrad, MT 59425 278-7681 Ex. 46
Powder River	Sue Matthews	P. O. Box 531 Terry, MT 59349 436-2361
Powell	Frieda Howery	409 Missouri Deer Lodge, MT 59722 846-3680 Ex. 15
Prairie	Sue Matthews	P.O. Box 531 Terry, MT 59349 637-2133
Ravalli	Laura Lutzenhiser	310 North 3rd Street Hamilton, MT 59840 363-1944
Richland	Bonne Lu Perry	221 5th Street SW Sidney, MT 59270 482-2015
Roosevelt	J. T. Brownlee	400 2nd Ave. S. Wolf Point, MT 59201 653-1590 Ex. 32
Rosebud	Michael Kennedy	Box 5016 Forsyth, MT 59327 356-2563 P. O. Box 276 Lame Deer, MT 59043 477-6251
Sanders	Thorne Johnson	Box 519 Thompson Falls, MT 59873 827-4395
Sheridan	J. T. Brownlee	Box 413 Plentywood, MT 59254 765-1370
Silver Bow	James Fay	700 E. Casey Street Butte, MT 59701 782-2351

Stillwater	Nancy Ambrose	Box 928 Columbus, MT 59019 322-5331
Sweet Grass	Nancy Ambrose	Box 489 Big Timber, MT 59011 932-5266
Teton	Rita Christiaens	Box 803 Choteau, MT 59422 466-5721
Toole	Rita Christiaens	226 1st Ave. S. Shelby, MT 59474 434-2371
Treasure	Michael Kennedy	Box 5016 Forsyth, MT 59327 356-2563
Valley	Linda Dillard	Box 272 Glasgow, MT 59230 228-8221 Ex. 53
Wheatland	Boni Braunbeck	P. O. Box 4920 Harlowton, MT 59036 632-4895
Wibaux	Betty Mueller	Box 759 Baker, MT 59313 795-2403
Yellowstone	Gary Huffmaster	111 North 31st Street Billings, MT 59101 256-6950

MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

Local Health Offices - Updated March, 1993

County	Name	Address and Telephone
Full Time Local Health Officers		
Cascade	Cherry Loney, R. N.	1130 17th Ave. So. Great Falls, MT 59405 761-1190
Flathead	Dennis Klukan, M.S.E.P.H.	723 5th Ave. East Kalispell, MT 59901 756-5633
Gallatin	Jackie Stonnell, R.N.	Room 103, Courthouse Bozeman, MT 59715 585-1445
Lewis & Clark	Robert R. Johnson	316 North Park P.O. Box 1723 Helena, MT 59624 447-8357
Missoula	Ellen Leahy	301 West Alder Street Missoula, MT 59802 532-4770
Silver Bow	Dan Dennehy	25 West Front Street Butte, MT 59701 723-3274 and 723-3275
Yellowstone	George F. Sheckleton M.D.	P.O. Box 35033 Billings, MT 59107 256-2757
Part-Time Local Health Officers		
Beaverhead	Timothy Visscher, M.D.	401 Barrett Dillon, MT 59725 683-6861
Big Horn	Robert R. Whiting, Jr. M.D.	619 West Division Hardin, MT 59034 665-1005
Blaine	Bruce Richardson, M.D.	124 13th Havre, MT 59501 357-5408

Broadwater	Nicholas Campbell, M.D.	100 North Oak Townsend, MT 59644 266-5204
Carbon	James Kane, M.D.	1216 Park Lane Red Lodge, MT 59068 446-2134
Carter	Dennis Teegarden	Dahl Memorial Health Care Ekalaka, MT 59324 775-8738
Choteau	William F. Gertson, M.D.	1510 St. Charles Fort Benton, MT 59442 622-5211
Custer	M. D. Winter, M.D.	2200 Box Elder Miles City, MT 59301 232-0790
Daniels	Merle D. Ritz, M.D.	P. O. Box 950 Scobey, MT 59263 487-5000
Dawson	Joseph Leal, M.D. Acting	Gabert Clinic Glendive, MT 59330 365-8228
Deer Lodge	Ira Fender, M.D.	P.O. Box 1110 Anaconda, MT 59711 563-5275
Fallon	Darryl Espeland, D.O.	P.O. Box 1119 Baker, MT 59313 778-2833
Fergus	Ken Smith. R.S.	404 4th Ave. So. Lewistown, MT 59457 538-7466
Garfield	Dan Muniak, P.A.	P. O. Box 389 Jordan, MT 59337 557-2500
Glacier	Irene Martin, M. D. Acting Health Officer	Community Health Care Ctr 226 9th Ave., S. E. Cut Bank, MT 59457 873-2205
Golden Valley	Ken Smith, R. S.	404 4th Ave. So. Lewistown, MT 59457

		538-7466
Granite	Pat Frankl, D. O.	Box 2004 Philipsburg, MT 59858 859-3922
Hill	Bruce W. Richardson M.D.	124 13th Ave. Havre, MT 59501 265-5408
Jefferson	Karen Kunz, R.N.	Box 41 Boulder, MR 59632 225-4231
Judith Basin	Ken Smith, R. S.	404 4th Ave. So. Lewistown, MT 59457 538-7466
Lake	Ralph K. Campbell, M.D.	802 Main, Suite C Polson, MT 59860 883-6211
Liberty	Richard S. Baker, M.D.	P. O. Box 506 Chester, MT 59522 759-5194
Lincoln	Brad Black, M.D.	308 Louisiana Libby, MT 59923 293-8756
Madison	David Naibert, M.D.	P. O. Box 547 Ennis, MT 59729 682-4223
McCone	N. J. Hastetter, M.D.	P. O. Box K Circle, MT 59215 485-2444
Meagher	Phillip Dean, D. O.	P. O. Box 469 White Sulphur Springs, MT 59645 541-3384
Mineral		P. O. Box 488 Superior, MT 59872 822-3321
Musselshell	Ken Smith, R. S.	404 4th Ave. So. Lewistown, MT 59457 538-7466

Park	Bill Jensen, M.S.P.H.	Route 62, Box 3113A Livingston, MT 59047 222-7338
Petroleum	Ken Smith, R. S.	404 4th Ave. So. Lewistown, MT 59457 538-7466
Phillips	Anne Johnson, D.V.M.	P. O. Box MM Malta, MT 59538 654-2710
Pondera	James Meyer, M.D.	809 Sunset Boulevard Conrad, MT 59425 278-7511
Powder River	Keith Scott, M.D.	P. O. Box 489 Broadus, MT 59317 436-2651
Powell	F. L. Bertoglia, M.D.	1101 Maryland Deer Lodge, MT 59722 846-1722
Prairie	Chip Mintz	602 S. Custer Terry, MT 59349 637-5304
Ravalli	Winifred Kost, M.D.	1012 Tammany Hamilton, MT 59840 363-5773
Richland	Donald A. Cooper, M.D.	214 14th Ave. S.W., Suite 111 Sidney, MT 59270 482-4680
Roosevelt	Mark Listerud, M.D.	100 Main Street Wolf Point, MT 59201 653-2150
Rosebud	William Anderson, M.D.	281 No. 27th Forsyth, MT 59327 356-2916
Sanders	Barbara Saint Public Health Nurse	P. O. Box 519 Thompson Falls, MT 59873 827-4397
Sheridan	Kirk Stoner, M.D.	442 West Laurel Ave. Plentywood, MT 59254

		765-1501
Stillwater	Richard Klee, M.D. David Kane, M.D.	407 North A Columbus, MT 59019 322-4542
Sweet Grass	Lance Monroe, M.D.	P. O. Box 1067 Big Timber, MT 59011 932-5920
Teton	Tony L. Ram, M.D.	15 1st Street N.E. Choteau, MT 59422 466-5391
Toole	Robert Clary, D. O.	925 Oilfield Ave Shelby, MT 59474 434-5107
Treasure	William Anderson, M.D.	Forsyth Clinic Forsyth, MT 59327 356-2916
Valley	Gordon Bell, M.D.	Medical Arts Building Glasgow, MT 59230 228-4391
Wheatland	Ken Smith, R. S.	404 4th Ave. So. Lewistown, MT 59457 538-7466
Wibaux	Noel Emerson, M.D.	205 So. 4th West Baker, MT 59313 776-2833

CTY CODE	WIC PROGRAM	ADDRESS	PHONE	STAFF	DAYS/HOURS OPEN	COPIES REPORTS TO
011	BEAVERHEAD COUNTY c/o Silver Bow County	County Courthouse Dillon, MT 59725	683-2142 (Welfare Office)		2nd and 4th W 10:00-4:00	Dan Dennehy, SB HO
021	BIG HORN COUNTY	809 North Custer Hardin, MT 59034	665-1005	Patty Pattison, R.N. ~~Marci Butcher, R.D.~~ Nola Vandersloot, Aide Karen Link, Aide Virginia Martinez, RD	M and T a.m.	County Commissioners
031	BLAINE COUNTY c/o Hill County	Courthouse Annex	357-2345	Meriann Miller, R.N. Tina Stenford, Aide	2nd and 3rd T 9:00 - ?	County Commissioners Hill County WIC
041	BROADWATER COUNTY (also serves Meagher Co.)	P.O. Box 489 Townsend, MT 59644	266-5209	Pat Nelson, R.N. Melody Anacker, R.D. Dianna Hall, Aide	T and Th p.m. every week	County Commissioners
051	CARBON COUNTY c/o Yellowstone County	Nov-April County Ext. Office Joliet, MT 59041 May-Oct County Welfare Dept Red Lodge, MT 59068			4th F 9:30-3:30	
061	CARTER COUNTY c/o Fallon County	Courthouse Baker, MT 59313	778-2883, ext. 11	Alice K. Schweigert, R.N. Janet Stickney, Home Ec. Shirley Feisthamel, Aide	2nd, 3rd, 4th T 9:00-5:00	
071	CASCADE COUNTY	1130 17th Ave. S. Room A-19 Great Falls, MT 59405	761-1190 FAX-761-1192	Lesley Green Jennifer Wells, Home Ec.	M-F 8:00-5:00	Cherry Loney, RN, HO
081	CHOUTEAU COUNTY	1020 13th Street P.O. Box 459 Fort Benton, MT 59442	622-3771	Bonnie Lewis, RN Carol Wood, R.D. Diane Kelenick, Aide	Wednesday 8:00-5:00	County Commissioners
091	EASTERN PLAINS (Custer County) (also serves Powder River County Rosebud County Treasure County)	Holy Rosary Hospital 2101 Clark Street Miles City, MT 59301	232-2540, ext. 293	Mary Jo Nehasil, R.D. Hazel Rickett, Aide Lise Syring, Aide	M/8:00-2:00 T/8:00-4:30	Bud Johnson, Comptroller Anthony D. Pfitzer, Executive Director
101	DANIELS COUNTY c/o Sheridan County					
111	DAWSON COUNTY (also serves McCone Co. Prairie County Wibeux County)	218 West Bell Glendive, MT 59330	365-5215	Connie Undem, Home Ec. ~~Pamela Hopkins, Aide~~ Melissa Wood	T and W 8:00-5:00	County Commissioners
121	DEER LODGE COUNTY	115 W. Commercial Ave. P.O. Box 970 Anaconda, MT 59711	563-7863	Linda L. Best, R.N. Trene Vollmer, Aide	T-Th 8:15-4:30	County Commissioners

CTY CODE	WIC PROGRAM	ADDRESS	PHONE	STAFF	DAYS/HOURS OPEN	COPIES REPORTS TO
131	FALLON COUNTY (also serves Carter Co.)	Courthouse Box 478 Baker, MT 59313	778-2883, ext. 11	Alice K. Schweigert, R.N. Janet Stickney, Home Ec. Shirley Feisthamel, Aide	2nd, 3rd, 4th T 9:00-5:00 3rd T-W/8-5	County Commissioners Dawson County WIC
141	FERGUS COUNTY (also serves Wheatland County, Petroleum Co., Judith Basin Co.)	Central Montana Hosp. P.O. Box 580 Lewistown, MT 59457	538-7929	Linda Melick, R.D. Mary Guslander, Home Ec. Sandra Seeford, Aide	W/8:00-12:00 Thurs. & Fri. 8:00-5:00	Mike Ehler, Administrator Pete Brekhus, Comptroller
151	FLATHEAD COUNTY	723 5th Avenue East Kalispell, MT 59901 401 7th Street West Columbia Falls	756-5633 756-5670 - FAX. 892-3784	Leslie Coates, R.D. Kim Monen, Aide Melisse Whetstone, Aide Barbara Haught, Aide	M-Th 7:00-6:00 Friday 8:00-5:00	Dennis Klukan, HO
161	GALLATIN COUNTY (also serves Park County Madison County)	Courthouse, Room 105 Bozeman, MT 59715	585-1339 585-1452	Jacquelyn Stonnell, RN Peggy Conwell, RD Kris McKinzey, Aide Debi Miller, Aide	Most M and F T-Th/8-5	Jacquelyn Stonnell, RN, HO
171	GARFIELD COUNTY c/o Valley County	Garfield Co. Hlth Ctr. Box 389 Jordan, MT 59337	557-2500	Mary Tvedt, R.D.	3rd T 1:00-5:00	Bud Johnson, Comptroller
181	GLACIER COUNTY	~~700 2nd Ctr, S.E.~~ 1319 E. MAIN Cut Bank, MT 59427	873-2924 873-4960	Ann Shors, RN Connie Duffy, RD Jan Dahlgaard, Aide	2nd T & W 7:30-5:00	County Commissioners
201	GRANITE COUNTY	Courthouse P.O. Box 247 Philipsburg, MT 59858	859-3831 (w) 859-3845 (h)	Harriet Mantzer, PHN Carolynn Vietor, Home Ec.	3rd or 4th week T,W,Th/8-5	County Commissioners
211	HILL COUNTY (also serves Blaine Co. Liberty County)	Hill County Courthouse Havre, MT 59501	265-5481, ext. 66 FAX-265-5487 (Hill Co. Courthouse)	Mariann Miller, R.N. ~~Tina Stanford, Aide~~ Susan Herr, Aide	M-Th/8:00-4:00 F/8:00-12:00 1, 2 or 3 T satellites	County Commissioners
221	JEFFERSON COUNTY c/o Lewis & Clark Co.	Jefferson Co. Health Dept. 79 Piedmont Road Whitehall, MT 59759	287-3249	Diane Dolan, Aide	2nd and 3rd T	Robert Johnson, HO Lewis & Clark Co. WIC
222	JEFFERSON COUNTY c/o Lewis & Clark Co.	Jefferson Home Health 202 North Main Boulder, MT 59632	225-4231	Diane Dolan, Aide	2nd and 3rd W.	
241	LAKE COUNTY	7 - 3rd Avenue West Polson, MT 59860	883-4605	Julane Matejovsky, Home Ec. Arliss Anderson, Aide	M-F/7:00-3:30 3rd M/7:00-5:00	Linda Davis, RN County Commissioners
251	LEWIS & CLARK COUNTY (also serves Jefferson County)	1930 9th Avenue Suite 207 Helena, MT 59601	443-2584	Joan Bowsher, Home Ec. Jean Schmit, Aide Merle Schmith, Aide	M-F/8-5	Robert Johnson, HO
252	(Lincoln)	Blackfeet Valley Medical Clinic P.O. Box 188 Lincoln, MT 59639	362-4603	Trudy Bourne, Aide	1st, 2nd, 3rd M morning	

CTY CODE	WIC PROGRAM	ADDRESS	PHONE	STAFF	DAYS/HOURS OPEN	COPIES REPORTS TO
261	LIBERTY COUNTY c/o Hill County	Liberty County Hospital	759-5181	Mariann Miller, R.N., Tina Stanford, Aide	1st T 9:15-?	
271	LINCOLN COUNTY	204 East 6th Street P.O. Box 873 Libby, MT 59923	293-5711 293-5640-FAX	Becky Brundin, R.D. Julie Shadle, Home Ec. Teri Mehn, Aide Loretta Erickson, Aide	W & Th 9:00-4:00	County Commissioners
272	(Eureka)	Historical Village P.O. Box 403 Eureka, MT 59917	296-2751	~~Janet Smith, Aide~~ Cheryl Zarnowski, Aide	Tuesday 9:00-4:00	
281	McCONE COUNTY c/o Dawson County	Medical Assistance Facility Circle, MT 59259	365-5214 (collect)	Connie Undem. Home Ec. ~~Brenda Hopkins, Aide~~ Melissa Tilead	2nd M 9:30-?	Dawson County WIC County Commissioners
291	MADISON COUNTY c/o Gallatin County		682-7485	Peggy Conwell, R.D.	3rd Monday 9:00-?	
301	MEAGHER COUNTY c/o Broadwater County					
311	MINERAL COUNTY c/o Missoula County			Mary Feuersinger, R.D. Michelle Baker, R.D. Susan Soltis, R.D. Pat Taylor, Aide Laura Plasmir, Aide	2nd Tuesday 9:00-4:00	Health Officer Missoula County WIC
321	MISSOULA COUNTY (also serves Mineral Co. Ravalli County)	301 West Alder Street Missoula, MT 59802	523-4740 523-4781-FAX	Mary Feuersinger, RD Michelle Baker, RD Susan Soltis, R.D. Diane Gray, Aide	M-F/8:00-5:00 2 W/month 12:00-1:00	Ellen Leahy, HO
331	MUSSELSHELL COUNTY c/o Yellowstone Co.	Welfare Office Roundup, MT 59072			1st Thursday 9:30-3:30	
341	PARK COUNTY c/o Gallatin County	Livingston Plaza, Suite 5 1313 West Park Livingston, MT 59047	222-7122	Tara Eddy, Aide	T & Th 8:00-5:00	Gallatin County WIC County Commissioners
361	PHILLIPS COUNTY c/o Valley County	County Museum Bldg. Box 82 Malta, MT 59538	654-1380 654-~~1270~~ (h) ~~1298~~ 13/6 (after 1:00)	Mary Tvedt, R.D. Susan Dusek, Aide	2nd & 4th W & Th. 9:00-3:30	
371	PONDERA COUNTY	809 Sunset Boulevard Conrad, MT 59425	278-3247 278-3565-FAX	~~Sue Moser, RN~~ Kathleen Olson, RN Carol Wood, RD Rona Matheson, LPN Helen Stordahl, Aide	1st W and Th 8:00-5:00 1st Friday 8:00-12:00	County Commissioners
381	POWDER RIVER COUNTY c/o Eastern Plains				2nd Friday 10:00-1:00	Bud Johnson, Comptroller Eastern Plains WIC County Commissioners
351	Petroleum County c/o Fergus County	Box 226 Winnett, MT 59087	429-2481	Donna McKenna, RN Tammie Marks, Aide	2nd & 4th W 9:00-2:30	

1st Clinics
use 9/23/92

MONTANA STATE WIC PROGRAM

Updated 7/92

CTY CODE	WIC PROGRAM	ADDRESS	PHONE	STAFF	DAYS/HOURS OPEN	COPIES REPORTS TO
391	POWELL COUNTY c/o Silver Bow Co.	416 Cottonwood Deer Lodge, MT 59722	846-9957	Peggy Burt, R.N. Kathy Powers, Home Ec. Lee Bersanti, Aide Linda Gardipee, Aide	1st & 3rd Th 9:30-4:00	Dan Dennehy, SB HO
401	PRAIRIE COUNTY c/o Dawson County	Prairie Clinic Terry, MT 59349	365-5215 (collect)	Connie Undem, Home Ec. ~~Brenda Hopkins, Aide~~ Melissa Talbot	1st Monday 9:00-?	County Commissioners Dawson County WIC
411	RAVALLI COUNTY c/o Missoula County	218 Pickney Hamilton, MT 59840	363-4161	Jamie Grant, Home Ec. Cheryl Schoeneman, Aide	Mon-Thur/8-5 1st Th (Stevensville) 2nd M (Darby)	Missoula County WIC Health Officer
421	RICHLAND COUNTY	221 5th St., S.W. Sidney, MT 59270 Fairview	482-~~2201~~2207 747-5523	Mary A. Rehbein, RN Joan Eldridge, Home Ec. ~~Susan Dahl, Aide~~ Jackie Damm	M, T, W 8:00-5:00 2nd T/8:15-4:30	County Commissioners
431	ROOSEVELT COUNTY	Roosevelt Memorial Hosp. P.O. Drawer 419 Culbertson, MT 59218	787-6281	~~Lorene Busch, R.N.~~ Beatrice Hallgrimson, R.N. Janet Royan, Aide		Walter Busch Hospital Administrator
441	ROSEBUD COUNTY c/o Eastern Plains	P.O. Box 388 Forsyth, MT 59327	356-2156	Laura Fox, RD Linda Steinmetz, Aide	1st & 3rd W 8:00-3:30	Eastern Plains WIC Bud Johnson, Comptroller County Commissioners
451	SANDERS COUNTY	P.O. Box 519 Thompson Falls, MT 59873	827-4397	Barb Saint, RN Karen Dwyer, Aide Heather Llanau, Aide	M-F/8:00-5:00 1,2,3 T/9-3 (Plains) 4th M/9-3 (Noxon)	County Commissioners
461	SHERIDAN COUNTY	440 West Laurel Plentywood, MT 59254	765-1420, Ext. 4	Audrey Stromberg, R.N.		Tom Nordwick Hospital Administrator ← Administrat. Corresp to:
471	SILVER BOW COUNTY (also serves Beaverhead County Powell County)	25 West Front Street Butte, MT 59701	782-1253	~~Peggy Burt, RN~~ Valerie Pengelly, R.N. Kathy Powers, Home Ec. Lee Bersanti, Aide Linda Gardipee, Aide	M-F/8-5 1st & 3rd Th (Powell) 2 & 4 W (Beaverhead)	Dan Dennehy, HO
481	STILLWATER COUNTY	44 W. 4th Avenue N. P.O. Box 959 Columbus, MT 59019	322-4296 FAX-322-5207 (Stillwater Comm. Hosp.)	Janet Rodeghiero, R.D. Charlene Crawford, Aide	1stM/8:00-12:00 1st T/8:00-4:00 3rd T/8:00-12:00	Timothy Russell, Administrator
491	SWEET GRASS COUNTY c/o Stillwater County	P.O. Box 509 Big Timber, MT 59011	932-5449	Linda Fuller, Aide		
501	TETON COUNTY	915 4th Avenue N.W. P.O. Box 335 Choteau, MT 59422	466-2562 562-3448 (Augusta) 467-2510 (Fairfield)	Lora Wier, R.N. Carol Wood, R.D. Patty Bourne, Aide Sue Schilling, Aide	4th M&W (Choteau) 4th T (Augusta) 4th Th (Fairfield) 8:00-5:00	Richard P. Spilovoy, Administrator
511	TOOLE COUNTY c/o Pondera County	Sunrise Assembly of God 301 5th Avenue North Shelby, MT 59474	278-3247	Joanne Krogsted, Home Ec.	2nd W & Th/8-5:00 2nd F/8:00-12:00	

CTY CODE	WIC PROGRAM	ADDRESS	PHONE	STAFF	DAYS/HOURS OPEN	COPIES REPORTS TO
521	TREASURE COUNTY c/o Eastern Plains	c/o Hysham Clinic Box 201 Hysham, MT 59038	342-5886	Laura Fox, R.D. Joan Cunningham, Aide Belva Arvik, Aide	2nd Tuesday	
531	VALLEY COUNTY (also serves Phillips Co. Garfield County)	Frances Mahon Deaconess Hospital 621 3rd Street South Glasgow, MT 59230	228-4351, ext.266 800-322-3634, ext. 266	Mary Tvedt, RD Nyla Kniarim, Aide	1 & 3 T&Th/8:30-5:30 2nd & 4th W&Th 9:00-3:30 (Malta) 3rd T/1-5 (Jordan)	Kyle Hopsted, Hospital Administrator
541	WHEATLAND COUNTY c/o Fergus County	Blair Memorial Hospital Box L Harlowton, MT 59036	632-4343	Mary Guslander, Home Ec. Cheria Labrie-Jones, Aide	2nd and 4th T 9:30-2:00	
551	WIBAUX COUNTY c/o Dawson County	Courtroom County Courthouse Wibaux, MT 59353	795-2434	Connie Undem, Home Ec. ~~Brenda Hopkins, Aide~~ Melissa Wood	3rd Monday 9:00-?	County Commissionars Dawson County WIC
561	YELLOWSTONE COUNTY (also serves Carbon Co. Musselshell County)	3312 4th Ave. North P.O. Box 35033 Billings, MT 59101-1205	256-6806 256-~~8844~~ (fax) 6856	Lil Anderson, RN Doris Biersdorf, RD Willaen Brase, R.D. Christine Frank, R.D. Gayle Espeseth, R.D.	M-F/7:00-6:00 4th F/9-3:30 (Carbon) 1 & 3 F/9:30-3 (Laurel) 2nd T/9-4:30 (Deering) 2nd Th/9:30-4 (Heights) 1st Th/9:30-3:30 (Musselshall)	G. Shacklaton, MD, HO
571	FORT PECK TRIBAL HEALTH DEPARTMENT	P.O. Box 67 Poplar, MT 59255 (107 H Street East)	768-5301	Mary Tvadt, R.D. Yvette Phillips, R.D. Frances Masalskis, R.D. Angela Schaet, R.D. Irene Evenson, Aide	Monday-Friday 8:00-4:30	Larry Burshia, Director, SUD Gary James Melbourne, Acting Health Officar
572	FORT PECK - WOLF POINT	P.O. Box 729 Wolf Point, MT 59201 (550 6th Avenue North)	653-~~1641~~ 1191	Mary Tvadt, R.D. Angela Schaet Kathy Roberts, Aide	Tuesday-Friday 8:00-5:00	Larry Burshia, Director, SUD Gary James Melbourne, Acting Health Officar
581	NORTHERN CHEYENNE BOARD OF HEALTH	Public Health Service Health Serv. Admin. Box 70 Lame Deer, MT 59043	477-8253, ext.20	David Rowell, CPA Tilly Donnafield, Aide	M 8:00-4:30 T-Th 8:00-5:00	Marlene Seminole, Director David Means, SUD
591	BLACKFEET TRIBAL HEALTH DEPARTMENT	IHS Hospital Browning, MT 59417	338-5311 (Please call after 3:30 p.m.) 338-2832 - FAX	Betty Cassel, Home Ec. Dorthy Champine, Aide Darlene Wippert, Aide Jo Ann Running Crane, Aide	Monday-Friday 8:00-4:30	Donald Pepion, Director James Kennedy, SUD
601	CROW TRIBE OF INDIANS	PHS Indian Hspital Crow Agency, MT 59022	638-3163, Ext. ~~100~~ 45	Margo Stops, Home Ec.	Monday-Thursday 8:00-4:30	Tannyson Doney, SUD
602	LODGE GRASS	Lodge Grass Med. Ctr. P.O. Box 409 Lodge Grass, MT 59050	639-2317, ext. 23	Redstar Price, Aide	Tuesday-Thursday 8:30-4:30	Tannyson Doney, SUD

Send copy of report to Tribal Chairman

CTY CODE	WIC PROGRAM	ADDRESS	PHONE	STAFF	DAYS/HOURS OPEN	COPIES REPORTS TO
603	PRYOR	IHS Clinic Box 17 Pryor, MT 59066-0017	259-8238	Mary Snall, Aide	Friday 9:30-2:30	Tannyson Doney, SUD
611	FLATHEAD INDIAN RESERVATION	Tribal Health Dept. P.O. Box 358 St. Ignatius, MT 59865	745-3525	Kathy Lerson, C.P.A. Arles Branson, Aide Margaret Sanchez, Aide	Monday-Friday 8:00-4:30	Wyman McDonald, Director Tom Keast, SUD
621	FORT BELKNAP COMMUNITY COUNCIL	PHS Indian Hospital Ft. Belknap Agency RR 1, Box 67 Harlem, MT 59526-9705	353-2651, ext. 338	~~Jean Raymond, R.D.~~ Edna Miller, Aide Jean Campbell	Monday-Friday 8:00-5:00	Emory Champagne, Director Don Ade, SUD Warren Means Administrative Coordinat Fort Belknap Tribe Box 459 Harlem, M 59
631	ROCKY BOY WIC PROJECT	PHS Indian Hlth. Ctr. Rocky Boy Route Box 664 Box Elder, MT 59521	395-4343 395-4781-FAX	Rosemery Lafromboise, Aide Lois Gopher	Mon-Friday 8:00-4:30	Sybil Sengrey, SUD Janet Balcourt, SUD

Food & Nutrition Service
Mountain Plains Regional Office
USDA
1244 Speer Boulevard
Suite 903
Denver, CO 80204

Montana Area Health Education Center
Culbertson Hall, Room 308
Montana State University
Bozeman, MT 59717
994-6001
994-6993 (FAX)

William H. McBroom
Professor of Sociology
Center for Population Research
University of Montana

MONTANA HOUSING LOCATOR

NAME OF PROJECT	LOCATION	UNITS	PHONE NUMBER
	ANACONDA		
Hearthstone (Elderly)	400 Oak Street	100	563-5232
	ASHLAND		
Cheyenne Village (Family)	St. Labre Mission	40	784-2736 or 784-2741
	BAKER		
Prairie Manor Apartments (Elderly)	Montana Avenue	15	778-2935 or 778-3517
	BELT		
Golden Valley Homes (Elderly)	3rd Millard	21	277-3318
	BILLINGS		
Big Sky Apartments (Family)	720 North 18th	80	245-3989
Fraser Towers (Elderly)	715 South 28th Street	64	252-3311
Guadalupe Gardens (Family)	540 28th Street	20	245-6263
Pleasant View Apartments (Elderly)	825 Avenue D	101	248-4111
Ponderosa Acres (Family)	1301 Industrial Boulevard	121	245-3197
Prairie Towers (Elderly)	725 North 25th Street	109	248-3377
Rose Park Plaza (Family)	2325 Avenue C	112	652-1335

BILLINGS continued

Sage Tower (Elderly)	115 North 24th Street	111	248-1060
South Forty Retirement Center (Elderly)	769 Fallow Lane	101	656-3950
St. Johns Lutheran Retirement Home (Elderly)	3940 Rimrock Road	117	656-2710
Sunrise Manor (Developmentally disabled)	Scattered Sites	24	248-4211
Western View (Family)	2604 Phyllis Lane	84	656-7194

BOULDER

Big Boulder Apartments (Family)	501 East 4th Street	40	225-3712

BOZEMAN

Darlinton Manor (Elderly)	600 North 5th Street	100	587-2981
Gallatin Manor (Family)	1806 West Beall	64	587-1591
Greenwood Plaza (Family)	802 North Grand	50	587-3921
Legion Villa (Elderly)	1215 West Durston	60	587-7612

BRIDGER

Campbell Courts	502 South 4th Street	18	662-3472

BROWNING

Last Star (Family)	Duck Lake Road and Star School Road	50	338-7302

BUTTE

Columbus Plaza (Elderly)	1515 Oregon Avenue	138	782-0090
Highland View Manor (Elderly)	3033 Busch Avenue	60	782-0090
Legion Oasis (Family)	3400 Hill Avenue	160	494-3400
New Hope Apartments (Elderly)	701-707 Hobson and Maryland	9	723-6501
Silver Bow Village (Family)	960 Evans	60	761-0372
Sunset Silver Bow Apts. (Family)	2825 Farragut	56	494-7038

CASCADE

Quiet Day Manor (Elderly)	200 4th Avenue North	20	468-2600

CHESTER

Prairie Homes (Family)	Highway 223	10	759-5244
Sweetgrass Lodge (Elderly)	503 1st Street West	20	759-5400

CHINOOK

Grande Villa (Elderly)	301 Pennsylvania	41	357-2809

CHOTEAU

Skyline Lodge (Elderly)	424 Seventh Avenue, NW	60	466-2062

COLUMBIA FALLS

Columbia Villa Apts. (Family)	700 7th Street	36	892-4552

	CONRAD		
Horizon Lodge (Elderly)	701 South Wisconsin Street	84	278-3233
	CORVALLIS		
Meadow Brook Court (Elderly/Handicapped)	221 Willowcreek Road	12	363-1373
	CUT BANK		
Cut Bank Hotel Apts. (Elderly)	27 West Main Street	20	873-4493
Glacier Ridge (Family)	520 Second Street, SE	36	873-5271
Hilltop (Elderly)	229 Second Avenue, SE	42	873-2478
	DEER LODGE		
La Vatta Villa (Elderly)	714 Milwaukee Avenue	24	846-2803
	DILLON		
Beaverhead Villa (Family)	400 North Idaho	42	683-6428
Bicentennial Apts. (Elderly)	76 West Center Street	50	683-2727
	EKALAKA		
Carter Manor (Elderly)	Main Street	50	778-2995
	FALLON		
Schwartz Apartments (Elderly)	5th Whittier Avenue	4	637-5895

FORT BENTON

Sunrise Bluff Estates (Elderly)	701 21st Street	68	622-5443

FROID

Smiths Apartments (Family)	Froid 4-Plex	4	765-1081

GLASGOW

Nemont Manor (Elderly)	1100 4th Avenue South	100	228-4306

GREAT FALLS

Aspen Village (Family)	3010 11th Avenue, South	60	761-4770
Broadview Manor (Family)	710 4th Street, NW	20	761-0372
Centennial Village (Family)	617 3rd Avenue, NW	48	761-0372
The Downtowner (Elderly)	100 Central Avenue	111	761-1444
Eagles Home (Elderly)	9th Street and 15th Avenue South	141	453-6521
Elmwoods (Family)	611-615 4th Avenue South	18	453-6521
Grandview Plaza (Family)	1317 7th Street South	97	727-5788
Holiday West Apartments (Family)	1320 9th Street, South	48	761-0372
Parkview Apartments (Family)	605 5th Avenue NW	84	454-2011

Great Falls continued

Rainbow House (Elderly)	626 13th Avenue, South	40	761-0372
Soroptimist Village (Elderly)	2400 13th Avenue, South	72	452-3755
Sunshine Village (Elderly)	600 13th Avenue, South	111	761-0372
Vista Villa Apartments (Family)	Scattered Sites	96	452-9621

HAMILTON

Bitterroot Manor (Elderly)	401 North 10th Street	60	761-0372
Parkside Apartments (Elderly)	121 State Street	24	728-3371

HAVRE

Havre Eagles Manor (Elderly)	20 3rd Street, West	100	265-5531
Hillview Apartments (Family)	10th and Wilson Street	52	265-9441
Oakwood Village (Family)	1120 Bullhook Boulevard	60	265-2576

HELENA

Almanor (Family)	1415 Missoula Avenue	60	442-8218
Broadwater Village (Family)	1427 Broadwater Circle	92	442-2429
Cannon Springs (Family)	1500 Cannon Street	36	643-0585

Helena continued

Eagles Manor #2 (Elderly)	720 Washington Street	45	442-0610
Helena Manor (Family)	807 Washington Street	73	442-8840
Helena Manor Addition (Elderly)	2115 Missoula Avenue	20	442-8840
Helena Springs (Family)	1522-28 Cannon Street	24	643-0595
Penkay Eagles Manor (Elderly)	715 Fee Street	66	442-0610
Serendipity (Elderly)	4 Park Avenue	24	443-2160
Sunset Capital Apartments (Elderly)	510 Logan Street	118	442-2970
Tower Hill Apartments (Family)	20 - 30 South Ewing	50	443-2311

KALISPELL

Big Sky Manor (Elderly)	1st Street West and 2nd Avenue	60	755-7549
El Dorita Village (Family)	420 Liberty Street	36	257-3671
The Elms (Elderly)	330 3rd Avenue West	42	257-9059
Glacier Manor (Elderly)	506 First Avenue, West	61	755-7549
Timber Hills (Family)	105-95 Windward Way	20	761-0372
Treasure State Plaza (Elderly)	600 Liberty Street	38	755-7549
Valley View Apartments (Family)	400 Liberty Street	52	755-1548

	LAUREL		
Laurel Gardens (Elderly)	8th Avenue South	30	628-8129
	LEWISTOWN		
Lewistown Eagles Manor (Elderly)	211 West Janeaux	73	538-3230
The Meadows (Family)	603 Brassey	35	538-8532
	LIBBY		
Green Meadow Manor (Elderly)	403 Idaho Street	34	293-5651
Libby Plaza II (Family)	U.S. 2, Route 3	30	293-3345
	LIVINGSTON		
Miles Building (Elderly)	107 South 2nd Street	40	222-2374
Sherwood Inn (Elderly)	325 South Main Street	50	252-3907
	MALTA		
Cedar View Apartments (Family)	Scattered Sites	32	654-1082
	MILES CITY		
Custer Villa (Family)	210 Arrowhead Lane	32	232-1944
Miles City Eagles Manor (Elderly)	1000 Palmer	100	232-5320

MISSOULA

Camelot (Family)	520 West Spruce	75	728-8524
Clark Fork Manor (Elderly)	301 West Front Street	134	721-2439
Council Groves Apartments (Family)	1904 South 3rd Street West	72	542-2922
Grandview Place (Family)	3700 Russell, Suite 121	48	721-8990
Mat-a-dor Apartments (Family)	707 S.W. Higgins	50	728-7333
Missoula Manor Homes (Elderly)	909 West Central	156	728-3210
Parkside Village (Family)	3602 Stephens	105	728-3371
Sentinel Village (Family)	1111 McDonald Avenue	60	542-2901

PLENTYWOOD

Mar Chan Apartments (Family)	314 South Jefferson Street	12	765-1726
Montana Pioneer Manor (Elderly)	North Sheridan	32	765-1400
Montana Pioneer Village (Elderly)	North Sheridan	10	765-1400

POLSON

Lakeview Villa (Family)	401 11th Avenue West	24	761-0372
Lakeview Village (Elderly)	Highway 93E	40	883-2222

RED LODGE

Beartooth Homes (Elderly)	8th and Cooper Avenue or 21st Street and White Ave.	16	245-5196

	ROUNDUP		
Homes on the Range (Elderly)	902 3rd Street, East	50	323-1291
	SCOBEY		
Scobey Apartments (Elderly)	202 B Street	8	487-2769
	SHELBY		
Marias Manor (Elderly)	436 North Benton	24	434-5661
Marias Manor II (Elderly)	208 5th Street North	24	434-2344
	SIDNEY		
Crestwood Inn (Elderly)	410 3rd Avenue, SW	72	482-3721
Lincoln Apartments (Family)	428 8th Street, SE	8	482-1978
	STANFORD		
Judith Basin Manor (Elderly)	408-2nd Avenue North	20	761-0372
	THOMPSON FALLS		
Lions Manor (Elderly)	1000 Maiden Lane	28	827-3853
	TROY		
Golden Lion Manor (Elderly)	707 East Grant	20	295-4669
	VALIER		
Lake Francis Court (Family)	Pondera Ave. and 5th St.	8	279-3207

WHITEFISH

Chair III (Family)	114 Wisconsin Avenue	16	761-0372
Whitefish Manor (Elderly)	1345 East 7th Street	30	862-6719

WHITEHALL

Cowdrey Courts (Family)	103 Legion	9	587-8288

MONTANA
PARTNERSHIP for FOOD STAMP OUTREACH

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Family Assistance Division

Food Stamp Program/1

(Basic Eligibility)

The Food Stamp program was designed to promote the general welfare, to safeguard the health and well being of the Nation's population by raising levels of nutrition among low-income households.

Eligibility is determined by both financial and non-financial criteria established by Federal regulations. Some of those criteria are:

1. Household Size - People who purchase and prepare food together make up a Food Stamp household. Spouses, parents, children, and brothers and sisters who live together are usually counted in the same household.

2. Citizenship - Household members must be U. S. Citizens or legal aliens.

3. Social Security Numbers - Each household member must furnish or apply for a Social Security number to participate in the program.

4. Work Rules - With certain exceptions, able-bodied people between the ages of 16 and 60 years of age are required to register for work and if appropriate, participate in the work programs. The Food Stamp Employment and Training Job Search program is mandatory for non-exempt recipients in Cascade, Deer Lodge, Flathead, Lake, Lewis and Clark, Lincoln, Mineral, Missoula, Park, Powell, Ravalli, and Silver Bow Counties, Participants in Food Stamp Job Search must participate for 30 hours per week of supervised Job Search activities in each of the two months of program involvement. Custer and Yellowstone participants must participate for 24 hours per week of supervised Job Search activities in each of the two months of program involvement.

5. Meet established income and resource limits.

RESOURCE

Includes all the liquid and non-liquid assets the client legally possesses.

- Limitations
  1. $2,000 for households with no members over age 60.
  2. $3,000 for households in which one or more members is over age 60.

- Excluded Resources Include
  1. The home, furnishing and personal effects.
  2. Certain vehicles with a value of $4,500 or less.
  3. Property/Equipment necessary for employment.

INCOME:

The Food Stamp program has two income tests established by Federal regulations and the Federal Poverty Index. Those standards are set according to household size.

1. Gross Mouthy Income (GMI) standard.

2. Net Mouthy Income (NMI) standard.

The household income (after allowable disregards/exclusions) is tested against both these standards. If the countable income exceeds either one of these standards, the household is ineligible for benefits.

If the household income is below both of these standards, the maximum allowable benefits (Thirty Food Plan (TFP) for the household size are reduced according to the amount of countable income.

FAMILY SIZE	GMI	NMI	TFP
1	738	568	111
2	996	766	203
3	1,254	965	292
4	1,512	1,163	370

Approximately 68,015 recipients currently receive Food Stamps. This represents 8.51% of the state population. It is estimated that approximately 16.1% (124,853) of the population of Montana (776,793) are below the poverty level.

Food Stamp benefits are 100% federally funded. Administrative costs are 50% federal funds and 50% state funds.

Food Stamps are considered one of the basic components of the United States Welfare System. They provide low-income households with assistance and bring 46 million dollars in federal funds into

the State. State costs represent only 6 million dollars of total program costs. This is a hugh benefit to Montanans and the State of Montana.

Because of the benefits of this program given the low state costs, efforts should be made to ensure all low-income eligible persons receive assistance. SRS is currently working with the Office of Aging Services to improve outreach and increase participation.

1/ Frieda Hicks, Department of Social and Rehabilitation Services

APPLICATION FOR ASSISTANCE

Encourage clients to read the instruction sheet of the application. The information explains the procedures for protecting the application dates and expedited food stamp processing.

Eligibility Workers use the front page of the application to screen for expedited food stamp benefits. If a household is potentially eligible for expedited services the eligibility worker will ensure timely processing of the application.

Questions 1 to 9 provide the requirements for Social Security numbers, Citizenship requirements and various statistical information that is registered onto our computer system. Please note that clients do not have to fill out question 9.

Question 10 is asked because a household can not receive Food Stamps and Commodities at the same time.

Question 11 helps the eligibility worker determine the status of the household members. Some household members can be separated based on food stamp regulations.

Question 12 pertains to households that may boarders or others living with them that may be providing income to the household.

For Food Stamp only cases the household does not have to answer **questions 13 & 14.** These questions pertain to the medicaid programs.

Questions 15 & 16 are asked to determine who in the household is required to register for work and who in the household may be exempt.

Questions 17 & 18 do not have to be answered if the household is applying for Food Stamps only. They pertain to the General Assistance Program.

Question 19 helps an eligibility worker determine if a household is currently receiving Food Stamp benefits elsewhere.

Question 20 does not have to be answered if the household is applying for Food Stamps only. This question relates to the AFDC program.

Questions 21 & 22 help to determine if there was a good cause for the loss of employment.

Question 23 will help the eligibility worker determine household status for strikers. The household has to have been eligible for Food Stamps before going on strike in order to receive them while on strike.

Question 24 alerts the eligibility workers to possible unemployment benefits that may be received. This also lets the eligibility worker know if a claim is pending.

Questions 25 through 28 pertain to resources the household may have. Recipients are entitled to have $2000 in resources for the Food Stamp program.

Questions 29 & 30 relate to students. Recipients must be eligible students to participate in the Food Stamp program. Along with being an eligible student any income not designated for school expenses may have to be counted as income.

Questions 31 & 32 determine if the household has any unearned income into the household.

Questions 33 through 35 explain any earned income the household receives or any potential income to the household in the future.

Question 36 does not have to be answered if the household is applying for Food Stamps only. This pertains to Medicaid.

Questions 37 through 45 determine expenses that may be used when determining benefits.

Questions 46 through 49 pertain to the Medicaid program and does not have to be answered by households only applying for Food Stamps.

Question 50 can determine medical expenses that can be used for elderly or disabled recipients.

Questions 51 & 52 pertain to the Medicaid program and do not have to be filled out when a household is applying for Food Stamps only.

Question 53 gives the eligibility worker an idea of who to contact if the recipient is not able to handle their own affairs.

Question 54 lets the eligibility worker know if there are expected changes to the household. They will monitor the changes to ensure proper benefits are issued without overpayment occurrences.

Applicants are encouraged to read all of the rules listed on pages 10 and 11 before signing the application.

If a Food Stamp household wishes to designate an authorized representative they need to fill out the information on page 11 to designate this person.

APPLICATION FOR ASSISTANCE

The Department of Social and Rehabilitation Services (SRS) offers several programs to help you. Complete this application form to apply for cash, medical assistance or food stamps. ALL APPLICANTS FOR NURSING HOME CARE MUST CONTACT THE SCREENING TEAM IMMEDIATELY (see page 9 for information).

IF YOU NEED HELP COMPLETING ANY PART OF THIS FORM, LET US KNOW.

- If you don't have time to fill out the whole application now, **COMPLETE YOUR NAME AND ADDRESS, SIGN YOUR NAME ON THE FRONT PAGE, AND TURN IN ONLY THE FRONT PAGE (back of this "Instruction Sheet") TODAY.**
- The amount of cash or medical aid or food stamps you receive depends on the day you return this information to us. You must still answer the rest of the questions on the application form and be interviewed before benefits are issued. Cash and food stamp benefits are prorated from the date the application is filed. However, your filing date is different if you are in a public institution and apply for food stamps at the same time you apply for Supplemental Security Income (SSI). In this case, your filing date is the date of release from the institution.
- **If you are applying for food stamps only, you do not need to complete questions marked with an "*".**

YOU MAY GET FOOD STAMPS WITHIN FIVE DAYS (EXPEDITED SERVICE) FROM THE DATE THIS APPLICATION IS COMPLETED AND FILED IF:

- your income and resources are not enough to cover your monthly rent/mortgage and utilities; or
- you have very little income or resources; or
- you have no place of your own to live; or
- your household includes a migrant or seasonal farm worker.

ALL OTHER ELIGIBLE HOUSEHOLDS WILL RECEIVE FOOD STAMPS WITHIN 30 DAYS OF THE DATE THIS APPLICATION IS FILED. A Food Stamp household includes your spouse, parents, children, brothers and sisters and all other people who live and share food with you.

TO GET FOOD STAMPS WITHIN FIVE DAYS (EXPEDITED SERVICE):

1. Fill out this form.
2. If you do not have time to fill out all the form today, complete the front page and turn it in TODAY. This will make sure your benefits start from today if you are eligible for food stamps. Get an appointment for an interview before you leave the office.
3. You must complete the rest of the application form and give it to us at or before your interview time. If you cannot answer any of the questions now, you may answer them during an interview.
4. If you are eligible for expedited service, we will give you food stamps for this month even if you cannot give us all the proof we need. However, you must give us proof of identity.
5. If you feel you are eligible for food stamps within 5 days but your worker says that you are not, you may ask for an administrative conference. If no resolution occurs, then you may request a fair hearing either orally or in writing.

SRS-FA-250
(Rev. 1/93)

State of Montana
Department of Social and Rehabilitation Services

FRONT PAGE

Date [redacted]

APPLICATION FOR ASSISTANCE

- WRITE ONLY IN NON-SHADED AREAS OF THIS FORM.
- PLEASE PRINT ANSWERS CLEARLY USING BLACK OR BLUE INK.
- IF MORE SPACE IS NEEDED TO ANSWER A QUESTION(S), PLEASE ATTACH AN ADDITIONAL SHEET WITH THE APPROPRIATE INFORMATION ABOUT EACH ADDITIONAL PERSON.
- YOU WILL BE REQUIRED TO VERIFY ANSWERS.

YOU HAVE THE RIGHT TO FILE THIS APPLICATION TODAY BY PROVIDING ONLY YOUR NAME, ADDRESS AND SIGNATURE ON *THIS* PAGE.

You may either leave the completed application at the office or mail it. The application must be filled out by either a household member or an authorized representative who knows the financial situations of **ALL HOUSEHOLD MEMBERS**. The household is responsible for the answers given by an authorized representative. Food stamps, check(s) and/or medical identification cards will usually be sent to the person filling out the application.

First Name	Middle Initial	Last Name	Social Security Number	Birth Date

Mailing Address	City	State	Zip	Sex ☐ M ☐ F

Street Address	City	State	Zip	Telephone/Message

If you do not live at a street address, describe how to get to your home. _____

Check ALL assistance you are requesting.

☐ Food Stamps ☐ AFDC ☐ General Relief ☐ Medical Assistance
☐ Qualified Medicare Beneficiary ☐ AFDC Emergency Assistance ☐ Other

IF YOU ARE APPLYING FOR FOOD STAMPS AND NEED THEM WITHIN FIVE DAYS, complete questions 1 through 6.

		Yes	No
1.	I am (we are) living in a temporary residence or shelter, or are homeless	☐	☐
2.	I (we) have less than $100.00 in cash, checking and savings accounts combined	☐	☐
3.	My (our) household's total income for this month (before deductions) is less than $150.00	☐	☐
4.	The total of my (our) cash, bank accounts and income for this month is less than my (our) total shelter cost (rent/mortgage plus utilities)	☐	☐
5.	I am a migrant or seasonal farm worker	☐	☐
	a. If yes, I (my household) will receive income later this month (Include only income you are sure you will receive before the end of the month)	☐	☐
	b. If yes, how much? $_____ When? _____		
6.	I have received food stamps	☐	☐
	a. If yes, where and when? _____		

I swear that the statements on this page are true and correct.

Your Signature:	Date

Case screened for expedited services ☐ Yes ☐ No

7. **List yourself and everyone at your address.** Use legal names. DO NOT USE NICKNAMES. If you do not know a Social Security Number (SSN), leave it blank. Section 1137 of the Social Security Act and the Food Stamp Act of 1977, as amended, require that you give us the SSN for each person applying for aid.

	NAME (Last, First, Middle)	Social Security Number	Ver.	Birthday Mo/Dy/Yr	Ver.	Sex* M or F	Relationship To You	Ver.	Citizenship	Ver.	Tribal Name / Indian Enrollment No.	*Marital Status	*Highest Grade Completed
1							SELF		☐ US Citizen ☐ Alien				
2									☐ US Citizen ☐ Alien				
3									☐ US Citizen ☐ Alien				
4									☐ US Citizen ☐ Alien				
5									☐ US Citizen ☐ Alien				
6									☐ US Citizen ☐ Alien				
7									☐ US Citizen ☐ Alien				
8									☐ US Citizen ☐ Alien				

If there are more than eight people in your household, please attach an additional sheet containing the above information about each additional person.

8. **IF ANYONE IN YOUR HOUSEHOLD HAS USED ANOTHER NAME (MAIDEN OR MARRIED NAME) OR SOCIAL SECURITY NUMBER, PLEASE LIST OTHER NAMES AND/OR SOCIAL SECURITY NUMBERS.** _____

_____

9. **OPTIONAL: PLEASE VOLUNTARILY SHOW YOUR RACE OR ETHNIC BACKGROUND.** This information will not be used to consider your eligibility for benefits. If you do **NOT** answer, your worker will complete this section. Questions about ethnic background are authorized by Title VI of the Civil Rights Act of 1964.

☐ American Indian/Alaskan Native
☐ Asian or Pacific Islander
☐ White, not of Hispanic Origin
☐ Black, not of Hispanic Origin
☐ Hispanic
☐ Other _____

10. **DOES ANYONE IN YOUR HOUSEHOLD RECEIVE BUREAU OF INDIAN AFFAIRS (BIA) COMMODITIES?** ☐ Yes ☐ No

If YES, please list who. _____

11. **DOES ANYONE IN YOUR HOUSEHOLD PURCHASE AND PREPARE FOOD SEPARATELY FROM OTHER HOUSEHOLD MEMBERS?** ☐ Yes ☐ No

If YES, please list who. _____

12. **IS ANYONE IN YOUR HOUSEHOLD A BOARDER (PAYS FOR ROOM AND MEALS)?** ☐ Yes ☐ No

If YES, please list who. _____

*13. **IS ANYONE IN YOUR HOME PREGNANT?** ☐ Yes ☐ No

If YES, please list who and the expected date of birth. (Medical proof of pregnancy will be required.)

_____

*14. **IS ANYONE IN YOUR HOME A VETERAN OF THE U.S. ARMED FORCES?** ☐ Yes ☐ No

If YES, please list who and their relationship to you. _____

_____

15. **IS ANYONE WHO IS AGE 16 OR OLDER UNABLE TO WORK BECAUSE OF PHYSICAL OR MENTAL PROBLEMS?** ☐ Yes ☐ No

If YES, please list who, and the medical problem. (A doctor's statement may be required.) _____

_____

16. **IS ANYONE REQUIRED IN THE HOME TO CARE FOR A DISABLED PERSON?** ☐ Yes ☐ No

If YES, please list who. _____

Who is cared for? _____

*17. **ARE YOU A MONTANA RESIDENT?** ☐ Yes ☐ No

If YES, please check how long. ☐ Less Than 1 Month ☐ 1-6 months ☐ 6-12 months ☐ over 12 months

*18. **IF YOU HAVE LIVED IN MONTANA 12 MONTHS OR LESS, PLEASE LIST THE STATE YOU CAME FROM:** _____

Please check why you moved to Montana. ☐ Work ☐ Like Montana ☐ Relatives ☐ Other

19. **HAS ANYONE IN YOUR HOUSEHOLD APPLIED FOR OR RECEIVED FINANCIAL OR MEDICAL ASSISTANCE OR FOOD STAMPS IN THE PAST 12 MONTHS?** ☐ Yes ☐ No

If YES, please list who, when, where, and type of assistance. _____

_____

*20. **DOES ANY CHILD (OR UNBORN CHILD) IN THE HOUSEHOLD HAVE BOTH PARENTS LIVING IN THE HOME?** ..... ☐ Yes ☐ No

If YES, please name which parent earned the most in the past 24 months. _____

How much was earned? $_____ (Please verify.)

21. **HAS ANYONE IN YOUR HOUSEHOLD STOPPED WORKING IN THE LAST 60 DAYS?** ..... ☐ Yes ☐ No

If YES, fill in the boxes below.

Name		Name of Employer	Date Left Job
Date Last Check Received	Reason for Leaving	Date Expected to Return to Work	Is it a Temporary Layoff?

Use separate sheet for additional persons.

*22. **HAS ANYONE IN YOUR HOUSEHOLD REFUSED A JOB OR REDUCED WORK HOURS IN THE LAST 30 DAYS?** ..... ☐ Yes ☐ No

If YES, please list who and what the reason wes for refusal/reduction. _____

_____

23. **IS ANYONE IN YOUR HOUSEHOLD ON STRIKE?** ..... ☐ Yes ☐ No

If YES, please list who, when the strike began and the employer's name. _____

_____

24. **HAS ANYONE IN YOUR HOUSEHOLD *APPLIED FOR* UNEMPLOYMENT INSURANCE (UI) OR WORKERS' COMPENSATION (WC)?** ..... ☐ Yes ☐ No

If YES, fill in the boxes below.

Name	Type of Benefit ☐ UI ☐ WC	Date Applied	Denied? ☐ Yes ☐ No	Date Benefits Will Begin
Name	Type of Benefit ☐ UI ☐ WC	Date Applied	Denied? ☐ Yes ☐ No	Date Benefits Will Begin

25. **DOES ANYONE (INCLUDING CHILDREN) EITHER PERSONALLY OR WITH SOMEONE ELSE HAVE ANY OF THE ITEMS LISTED BELOW?** ..... ☐ Yes ☐ No

If YES, put a check mark in the box in front of the kind(s) of property/account.

- ☐ Business Checking Accounts
- ☐ Personal Checking Accounts
- ☐ Savings Accounts
- ☐ Credit Union Accounts
- ☐ Keough Accounts
- ☐ Individual Retirement Accounts
- ☐ Mandatory Retirement Accounts
- ☐ Accessible Trust Funds
- ☐ Inaccessible Trust Funds
- ☐ Cash on hand
- ☐ Bonds
- ☐ Individual Indian Money Accounts (IIM)
- ☐ Stocks
- ☐ Certificates of Deposit (CD)
- ☐ Other (Specify) _____

If you have checked anything, fill in the boxes below.

Names of Financial Institutions	Type of Property/Account	Owner(s)/Joint Owner(s)	Amount

26. **DOES ANYONE OWN, OR IS ANYONE BUYING ANY OF THE TYPES OF PROPERTY LISTED BELOW?** ***INCLUDE PROPERTY CO-OWNED WITH SOMEONE NOT LIVING WITH YOU.*** . . . . . ☐ Yes ☐ No

If YES, put a check mark in the box in front of the kind of property or account.

- ☐ The Home You Live In (include mobile homes)
- ☐ Other Houses, Land or Buildings **THAT *ARE* FOR SALE**
- ☐ Other Houses, Land or Buildings **THAT *ARE NOT* FOR SALE**
- ☐ Contracts for Deed
- ☐ Life Estates
- ☐ Burial Accounts/Contracts/Policies
- ☐ Mineral Rights (oil, gas, coal, etc.)
- ☐ Trailers (other than the home you live in)
- ☐ Safe Deposit Boxes
- ☐ Income Producing Real Property
- ☐ Farm/Business Equipment
- ☐ *Livestock
- ☐ *Items of Unusual Value
- ☐ *Tools of a Trade
- ☐ Other (Specify) _____
- ☐ Life Insurance (List all policies) _____

If you have checked anything, fill in the boxes below.

Owner(s)/Joint Owners	Type of Property/Account	Value	Amount Owed	Location/Account Number	Equity

27. **DOES ANYONE OWN OR IS ANYONE BUYING ANY OF THE TYPES OF VEHICLES LISTED BELOW OR HAVE THEIR NAME ON A VEHICLE BELONGING TO SOMEONE ELSE?** . . . . . ☐ Yes ☐ No

If YES, put a check mark in the box in front of the kind of vehicle(s).

- ☐ Car
- ☐ Truck
- ☐ Motorcycle
- ☐ Boat or Motor
- ☐ Camper
- ☐ Snowmobile
- ☐ Recreational Vehicle
- ☐ Three/Four Wheeler
- ☐ Airplane
- ☐ Motor Home
- ☐ Other Vehicles (Specify) _____

If you checked anything, fill in the boxes below.

Make	Model	Year	Owner(s)/Joint Owner(s)	Value	Amount Owed	Licensed Yes/No

28. **HAS ANYONE SOLD, TRADED, OR GIVEN AWAY MONEY, VEHICLES, PROPERTY, OR OTHER ASSETS IN THE LAST 3 MONTHS (FOR FOOD STAMPS ONLY) OR IN THE LAST 30 MONTHS (FOR ALL OTHER PROGRAMS)?** . . . . . ☐ Yes ☐ No

If YES, please explain. _____

_____

_____

29. **ARE THERE ANY HOUSEHOLD MEMBERS 16 YEARS OF AGE OR OLDER WHO ARE STUDENTS, INCLUDING PERSONS WHO PLAN TO ATTEND SCHOOL NEXT QUARTER/SEMESTER?** ..... ☐ **Yes** ☐ **No**

If YES, please list name(s), school(s), and whether full-time or part-time student. _____

_____

_____

_____

30. **HAS ANYONE *RECEIVED OR APPLIED FOR* STUDENT FINANCIAL AID?** ..... ☐ **Yes** ☐ **No**

If YES, put a check mark in the box in front of the type of benefit. ***VERIFICATION WILL BE REQUIRED***

☐ GSL (Perkins Loans) ☐ Other Educational Grants and Loans ☐ V.A. Educational Benefits
☐ PELL ☐ Other (include family, work study, church, employer, etc.)

If you checked anything, fill in the boxes below.

Name of Financial Aid Student	Name of School	Type of Assistance
Name of Financial Aid Student	Name of School	Type of Assistance

31. **DOES ANYONE RECEIVE ANY *UNEARNED INCOME*?** ..... ☐ **Yes** ☐ **No**

If YES, put a check mark in the box in front of the type(s) of income.

☐ Social Security ☐ Unemployment Insurance ☐ Loans
☐ Pensions ☐ Worker's Compensation ☐ Military Allotment
☐ General Relief Assistance (includes BIA) ☐ Assistance Payments from a Tribe or Another State ☐ Lease Income
☐ Child Support/Alimony ☐ Royalties ☐ Contributions/Gifts
☐ Veterans Benefits ☐ In-Kind Income ☐ Insurance Settlement
☐ Railroad Retirement ☐ Foster Care Payments ☐ Lump Sum Payments
☐ Supplemental Security Income (SSI) ☐ Dividends/Interest ☐ Temporary Disability Insurance
☐ Other *(Specify)* _____

If you checked anything, fill in the boxes below. (Please verify.)

Name	Type of Income	How Often Paid	Amount

32. **DOES ANYONE EXPECT TO RECEIVE MONEY IN THE NEXT 12 MONTHS (SUCH AS A SETTLEMENT FROM A LEGAL ACTION, CHILD SUPPORT, RETIREMENT, PENSIONS, DISABILITY, OR ACCIDENT INSURANCE)?** ..... ☐ **Yes** ☐ **No**

If YES, please list who and what the money is for. _____

_____

_____

33. **HAS ANYONE, OR WILL ANYONE, IN YOUR HOUSEHOLD RECEIVE INCOME THIS MONTH FROM A JOB (REGARDLESS OF WHEN THE WORK WAS PERFORMED)?** ☐ Yes ☐ No

If YES, fill in the boxes below. Wage stubs or proof of income are required.

Name			Name, Address and Phone Number of Employer
Monthly Gross Pay Amount	How Often Paid	Day/Date(s) Paid	

Name			Name, Address and Phone Number of Employer
Monthly Gross Pay Amount	How Often Paid	Day/Date(s) Paid	

If more space is needed, please attach an additional sheet containing the appropriate information about each additional job.

34. **DO YOU OR ANY HOUSEHOLD MEMBER EXPECT A CHANGE IN EARNINGS OR NUMBER OF HOURS WORKED?** ☐ Yes ☐ No

If YES, please explain. _____

_____

35. **DOES ANYONE HAVE INCOME FROM *SELF-EMPLOYMENT*?** ☐ Yes ☐ No

If YES, put a check mark in the box in front of the type of self-employment.

☐ Farming ☐ A Business ☐ Caring for Adults/Children
☐ Roomers ☐ Rental Property ☐ Other Self-Employment _____
☐ Boarders ☐ Buying/Selling Property

If you checked anything, fill in the boxes below.

Name		Hours Worked Each Week
Monthly Gross Income $	Monthly Business Expenses $	Kind of Business

*36. **DOES ANYONE PAY ALIMONY, CHILD SUPPORT OR OTHER PAYMENTS FOR THOSE WHO CAN BE CLAIMED AS TAX DEPENDENTS AND DO *NOT* LIVE IN YOUR HOME?** ☐ Yes ☐ No

If YES, please explain. _____

_____

37. **DO YOU PAY FOR DEPENDENT CARE SO YOU CAN WORK, LOOK FOR WORK, OR GET TRAINING?** (Please verify) ☐ Yes ☐ No

LIEAP (Low Income Energy Assistance Program) is a program that helps low-income families with winter heating expenses. This program can also help people whose heating costs are included in the rent or who do not have heating bills in their name. You can apply for this benefit at the Human Resource Development Council (HRDC) office in your area. IF YOU RECEIVE LIEAP, YOU MAY RECEIVE AN ADDED DEDUCTION WHICH COULD GIVE YOU MORE FOOD STAMPS.

38. **HAVE YOU BEEN APPROVED FOR OR ARE YOU RECEIVING LIEAP?** ☐ Yes ☐ No

39. **DO YOU PAY HEATING OR COOLING COSTS?** ☐ Yes ☐ No

The Standard Utility Allowance (SUA) is an amount for the Food Stamp Program which is used instead of actual monthly bills for people who pay for their own heating and cooling costs. If you receive LIEAP, you may choose the SUA even if you do not pay your own heating costs. In July 1992, the SUA is $225. Please ask your worker for the current SUA or if you have other questions.

40. **PLEASE CHOOSE ONE OF THE FOLLOWING AS A DEDUCTION:**

A. Do you want to have the SUA used? ☐ Yes ☐ No

B. Do you want your actual utility bills used? ☐ Yes ☐ No

NOTE: If you choose "B", you must submit your actual bills each month.

41. **PLEASE LIST THE HOUSING COSTS YOU HAVE.** These are expenses for which you are billed.
NOTE: If this application is for Nursing Home coverage, please provide this information for the spouse and family member at home. Additional deductions may be given.

Expense	Amount of Expense	How Often Billed?
☐ Rent		
☐ Mortgage		
☐ Mobile Home Space/Lot Payment		
☐ Property Taxes (if not included in mortgage)		
☐ Insurance On Home (if not included in mortgage)		
☐ Electricity		
☐ Gas/Propane		
☐ Oil		
☐ Wood/Coal/Other		
☐ Water/Sewer		
☐ Garbage/Trash		
☐ Phone (basic rate)		
☐ Utility Installation Fee (not deposit)		
☐ Other Expenses *(Specify)* _____		

42. **IF YOU PAY RENT, IS YOUR RENT GOVERNMENT SUBSIDIZED (HUD, SECTION 8, FEDERAL PUBLIC HOUSING, ETC.)?** ☐ **Yes** ☐ **No**

If YES, please list the amount you pay. $_____

43. **IS ANYONE IN YOUR HOUSEHOLD WORKING OFF ANY LIVING EXPENSE OR HOUSING COST(S)?** ☐ **Yes** ☐ **No**

If YES, please explain. _____

_____

_____

44. **PLEASE LIST YOUR LANDLORD'S NAME, ADDRESS AND PHONE NUMBER (If Known).** _____

_____

_____

45. **IS ANYONE HELPING PAY ANY PART OF YOUR EXPENSES?** ..... ☐ Yes ☐ No

If YES, please explain. _____

_____

*46. **DO YOU WANT KIDS COUNT SERVICES FOR ANYONE UNDER AGE 21? (SEE FOLLOWING INFORMATION)** ..... ☐ Yes ☐ No

ATTENTION: *ALL MEDICAID AND AFDC APPLICANTS*

All Medicaid recipients under 21 years of age are eligible for the Kids Count (formerly EPSDT) Program. This program emphasizes preventive health care and offers a comprehensive well-child examination. The examination includes:

- measurement of height and weight
- blood pressure test
- lab tests
- hearing test
- growth and developmental assessment
- immunizations
- dental exam
- vision test

The Kids Count Program also offers follow-up diagnosis and treatment for any problems found.

*47. **DOES ANYONE HAVE MEDICAL BENEFITS THROUGH EITHER MEDICARE (PART A OR B) OR RAILROAD RETIREMENT COVERAGE?** ..... ☐ Yes ☐ No

If YES, please list their name(s) and provide verification. _____

_____

*48. **DOES ANYONE IN THE HOUSEHOLD HAVE ANY HEALTH/DENTAL INSURANCE?** ..... ☐ Yes ☐ No

If YES, fill in the boxes below. For additional policies, please attach a sheet containing this information.

Policyholder's Name	SSN	Policy #	Amount Paid $ _____
Insurance Company (List Name and Address)		Group #	Per _____ (Month, Quarter, Semi-Annual, Year)
		Persons Covered	

Policyholder's Name	SSN	Policy #	Amount Paid $ _____
Insurance Company (List Name and Address)		Group #	Per _____ (Month, Quarter, Semi-Annual, Year)
		Persons Covered	

The Health Insurance Premium Program pays for health insurance premiums for AFDC and Medicaid clients.

*49. **IS A GROUP HEALTH INSURANCE PLAN AVAILABLE TO ANYONE IN YOUR HOUSEHOLD?** ... ☐ Yes ☐ No

50. **DO YOU OWE MONEY OR REGULARLY PAY FOR MEDICAL CARE FOR ANYONE IN YOUR HOUSEHOLD?** ..... ☐ Yes ☐ No

If YES, please explain. _____

_____

*51. **ARE YOU APPLYING FOR MEDICAID NURSING HOME COVERAGE? (SEE FOLLOWING INFORMATION)** ..... ☐ Yes ☐ No

ATTENTION: ***ALL APPLICANTS FOR NURSING HOME CARE MUST CONTACT THE SCREENING TEAM IMMEDIATELY.***

All applicants who are now living in a nursing home or who are planning to enter a nursing home **MUST BE SCREENED BY A SCREENING TEAM.** The Team consists of a long-term care (LTC) specialist employed by SRS and a nurse under contract with SRS. The Team will set the effective date for payment to the nursing home according to SRS rules. Medicaid payment may not be available for care provided before the date of the screening. Ask your worker to explain this to you and to tell you how to contact the screening team.

*52. **DOES ANYONE IN YOUR HOUSEHOLD RECEIVE SOCIAL SECURITY NOW, WHO AT ONE TIME RECEIVED SOCIAL SECURITY AND SUPPLEMENTAL SECURITY INCOME (SSI) AT THE SAME TIME?** ..... ☐ Yes ☐ No

If YES, please list who and the date of their last SSI check. _____

_____

_____

53. **DO YOU HAVE A LEGAL GUARDIAN OR SOMEONE WHO HAS POWER OF ATTORNEY FOR YOU?** ..... ☐ Yes ☐ No

If YES, please list that person's name, address and telephone number. _____

_____

_____

54. **DO YOU EXPECT ANY CHANGES IN THE INFORMATION YOU HAVE TOLD US?** ..... ☐ Yes ☐ No

If YES, please explain. _____

_____

_____

Your application will be considered without regard to race, color, sex, age, handicap, religious creed, national origin or political beliefs. These are equal opportunity programs. If you believe you have been discriminated against, you may file a complaint with the Civil Rights Coordinator, Management Operations Unit, Family Assistance Division, Department of Social and Rehabilitation Services, P.O. Box 4210, Helena, Montana 59604.

NOTES

_____

_____

_____

_____

_____

_____

_____

_____

_____

READ CAREFULLY BEFORE SIGNING.
IF YOU DO NOT UNDERSTAND SOMETHING, ASK YOUR WORKER ABOUT IT.

I UNDERSTAND THAT:

- I must report to the Department of Social and Rehabilitation Services (SRS) local office any changes in my situation. Late reporting may cause incorrect benefits.
- My situation is subject to verification by SRS or other state or federal agencies.
- I must provide proof I am eligible for help. SRS may help me obtain the proof or contact other persons or agencies for it.
- **THE INFORMATION I (WE) GIVE HERE IS SUBJECT TO VERIFICATION BY FEDERAL AND STATE OFFICIALS TO DECIDE IF I AM (WE ARE) ELIGIBLE FOR BENEFITS AND THE AMOUNT I (WE) WILL RECEIVE.**
- **MY (OUR) SOCIAL SECURITY NUMBER(S) WILL BE USED BY STATE AND FEDERAL AGENCIES TO CHECK IDENTITY OF HOUSEHOLD MEMBERS, TO PREVENT DUPLICATE PARTICIPATION, AND TO EXCHANGE INFORMATION BY COMPUTER WITH OTHER AGENCIES (E.G., SOCIAL SECURITY ADMINISTRATION, INTERNAL REVENUE SERVICE, EMPLOYERS, AND BANKS) TO VERIFY ELIGIBILITY.**
- My (our) alien number will be verified with Immigration and Naturalization Services (INS).
- By asking for and receiving Aid to Families with Dependent Children (AFDC), General Relief Assistance (GRA), or Food Stamp benefits, persons aged 16 to 60 may be required to participate in an employment or training activity.
- By asking for and receiving financial or medical care benefits, I (we) assign to the State of Montana all rights to any support, including child support and/or medical care support.
- Federal and State laws and regulations limit the use and disclosure of confidential information about applicants and recipients of assistance programs. Such information can be used only for purposes directly related to the administration of those programs.
- The rights of any person for whom I am applying for assistance to any health insurance or other third party payment are automatically assigned by law to the State of Montana.
- State law requires that any money received by my household for medical expenses which were previously paid by Medicaid must be reimbursed to the state.
- Under Montana Law (Section 53-2-611, MCA), medical assistance payments made to persons age 65 and over may be subject to recovery from the recipient's estate.
- For Food Stamps only, I may request a Fair Hearing orally or in writing if I disagree with any action taken on my case. For other programs, I must request a Fair Hearing in writing.

PENALTIES

It is unlawful for you to knowingly make false statements, misrepresent facts, or conceal information to obtain Aid to Families with Dependent Children (AFDC), Food Stamps, Medicaid, State/County Medical, General Relief, or Qualified Medicare Beneficiary benefits. Under Montana law (Section 53-2-107, MCA), if you knowingly give false or misleading information to receive assistance, you could be charged with the crime of theft. If convicted of a theft of less than $300, you could be fined up to $500 and/or imprisoned for up to 6 months. If convicted of a theft of over $300, you could be fined up to $50,000 and/or imprisoned up to 10 years. In addition, you could be required to repay 125% of any assistance you wrongfully received, if so ordered by a court.

General Relief recipients, unless exempt, who refuse to accept an employment offer, or refuse to participate in or cooperate with the Project Work Program (PWP), or who quit a job, will be ineligible for further benefits for three months for the first offense and six months for each later offense.

ANY MEMBER OF YOUR HOUSEHOLD WHO KNOWINGLY AND INTENTIONALLY BREAKS AN AFDC OR FOOD STAMP PROGRAM RULE CAN BE BARRED FROM THE FOOD STAMP OR AFDC PROGRAM FOR 6 MONTHS FOR THE FIRST VIOLATION AND 12 MONTHS FOR THE SECOND VIOLATION. A PERSON WILL BE PERMANENTLY DISQUALIFIED AFTER THE THIRD VIOLATION.

PERSONS WHO KNOWINGLY AND INTENTIONALLY BREAK A RULE CAN BE PROSECUTED AND FINED UP TO $20,000 OR IMPRISONED UP TO FIVE YEARS, OR BOTH. THEY ARE ALSO SUBJECT TO PROSECUTION UNDER OTHER APPLICABLE FEDERAL LAWS.

FOR FOOD STAMPS **-- DO NOT:**

- give false information or hide information;
- trade or sell Food Stamps;
- use Food Stamps to get ineligible items such as alcoholic drinks and tobacco; or
- use someone else's Food Stamps or authorization cards for your household.

FOOD STAMP APPLICANTS: You may permit someone outside your household to apply for your food stamps, obtain them and use them to buy food for you; or you may permit someone outside your household to apply for your food stamps and a different person to obtain them and use them to buy food for you. **If you would like to authorize someone, check (✓) the applicable box and enter the person's name, telephone number and address below.**

☐ Apply for my food stamps and use them to buy my food for me. OR ☐ Apply for my food stamps ONLY.

Authorized Representative's Name (Last, First, MI)			Phone Number
Authorized Representative's Mailing Address	City	State	Zip

☐ Obtain my food stamps and use them to buy my food for me.

Authorized Representative's Name (Last, First, MI)			Phone Number
Authorized Representative's Mailing Address	City	State	Zip

REQUIRED FOR APPLICANTS FOR ALL PROGRAMS:

I UNDERSTAND THE QUESTIONS ON THIS APPLICATION FORM AND THE PENALTY FOR HIDING OR GIVING FALSE INFORMATION OR BREAKING ANY OF THE RULES LISTED IN THE PENALTY WARNING. I CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL MY ANSWERS ARE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INCLUDING INFORMATION ABOUT THE CITIZENSHIP OR ALIEN STATUS OF EACH HOUSEHOLD MEMBER. I UNDERSTAND AND AGREE TO PROVIDE DOCUMENTS TO PROVE WHAT I HAVE SAID. I UNDERSTAND AND AGREE THAT THE FOOD STAMP OFFICE MAY CONTACT OTHER PERSONS OR ORGANIZATIONS TO OBTAIN THE NECESSARY PROOF OF MY ELIGIBILITY AND LEVEL OF BENEFITS.

YOUR SIGNATURE	TODAY'S DATE	WITNESS SIGNATURE (If applicant signed with an X)

Signature(s) of ALL other adults (persons age 18 or older) who live with you (Not required for Food Stamps):

Name	Relationship to Applicant	Date
Name	Relationship to Applicant	Date

ADDITIONAL INFORMATION

_____ was interviewed by _____

Name of Applicant or Authorized Representative

Signature of Eligibility Technician

on _____

Date

_____

Application Effective Date

[redacted] Date of Application: _____

Your personal [redacted] is scheduled for: Date: _____ Time: [redacted]

If you cannot keep your scheduled interview appointment, and you are applying for Food Stamps, THE DEPARTMENT WILL SCHEDULE ANOTHER APPOINTMENT FOR YOU. For all other programs, if you cannot keep your scheduled interview appointment, YOU MUST SCHEDULE ANOTHER APPOINTMENT WITHIN 30 DAYS OF THE APPLICATION DATE.

NOTICE OF REQUIRED VERIFICATION

The following material is required to verify the information you provide. If necessary, and with your cooperation, the Department will help you obtain the needed verification:

PROOF OF IDENTIFICATION:

- Identity (birth certificate, driver's license)
- Where you live
- Social Security Numbers for all persons in your home
- Age
- Alien status/citizenship
- Medicare card
- Indian enrollment card

PROOF OF INCOME AND RESOURCES:

- Pay stubs, pay envelopes or earnings statements from employers
- Award letters for Social Security, Supplemental Security Income, Unemployment Insurance benefits, Worker's Compensation, Veteran's Administration benefits, pensions, etc.
- Child support and/or alimony payments received
- Bank statements for checking accounts and savings accounts
- Financial statements for certificates of deposit or stocks and bonds
- If self-employed, federal income tax returns, bookkeeping records, expense records
- Income from rental property or sales contracts
- Life insurances and/or burial plans
- Health insurances
- Educational loans, scholarships and grants
- Loans, gifts or contributions that you have received
- Loans or balance due for automobiles and equipment
- Vehicle registrations or titles

PROOF OF EXPENSES:

- Rent receipt/mortgage payment (including home mortgage insurance and property taxes)
- Utility and phone bills
- Dependent care bills and receipts
- Medical expenses (such as medication, doctor bills, hospital bills and insurance premiums). Include copies of Medicare and health insurance explanation of benefits/payment statements
- Expenses for higher education

OTHER PROOF:

- Pregnancy and due date (doctor's statement)
- Certified divorce decree/legal separation
- Other _____

_____

_____

ADDITIONAL INSTRUCTION

FOOD STAMP HISTORY

The Food Stamp Program is administered by the Food and Nutrition Services Division of the Department of Agriculture.

The Food Stamp Act of 1977 states the purpose of the Food Stamp program is to increase the purchasing power of low-income households and thereby increase the nutrition of these households; and, to promote the distribution of the Nation's agricultural abundance.

The Hunger Prevention Act of 1988 strengthened and broadened the program. It was designed to reduce barriers to the program by requiring states to provide more accessibility to the program.

Recent legislation dealing with the food stamp program is the Farm Bill Technical Amendments. This legislation eased the regulations on student eligibility, excluded certain income that is earmarked for achieving self-support, expanded benefits to group living arrangements, and expanded the definition of inaccessible resources.

Federal poverty income guidelines are used to determine the gross and net income standards used to compute financial eligibility for the program. The gross income guidelines is 130% of the federal poverty level and the net income guideline is 100% of the federal poverty level.

EXPEDITED FOOD STAMPS

Application Processing
Normally a Food Stamp application must be approved or denied within 30 calendar days following the date of application. There are some households that may be eligible for "Expedited Services". "Expedited" means that the Human Service Office must make the Food Stamp benefits available to eligible households no later than 5 CALENDAR days after the application is filed.

Every application must be screened to determine if the household is eligible for expedited services. The household does not have to request the services to receive them.

If screening erroneously fails to identify a household entitled to expedited services, the household will then be provided expedited services within 5 calendar days of the date of discovery.

The following households are entitled to expedited services:

* If the household has less than $150 in monthly gross income, and Liquid resources of $100 or less (Liquid resources include cash on hand, checking or savings accounts, savings certificates and lump sum payments.)
* Households whose combined gross monthly income and liquid resources are less than the household's monthly rent or mortgage and utility costs.
* Households in which ALL members are homeless. A homeless individual is one who lacks a fixed and regular nighttime residence or an individual whose primary nighttime residence is:
    * A supervised shelter designed to provide temporary accommodations;
    * A halfway house or similar institution that provides temporary residence for individuals intended to be institutionalized;
    * A temporary accommodation in the residence of another individual; or
    * A place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings such as a hallway, bus station, lobby or similar place.
* Migrant or seasonal farm worker households who are destitute if their liquid resources are $100 or less. Note that this provision only applies to migrant and seasonal farm workers.

  <u>Migrant:</u> A migrant farm worker for Food Stamp purposes is an individual who travels away from home on a regular basis, usually with a group of laborers to seek employment in agriculturally related activities. A migrant household is a household that travels for this purpose.

Seasonal Farm Workers: A seasonal farm worker is a person who is employed in agricultural employment of the seasonal, or other temporary, nature and is not required to be absent overnight from a permanent place of residence when:

* Employed on a farm or ranch performing field work related to planting, cultivating, or harvesting operations; or
* Employed in canning, packing, ginning, seed conditioning or related research or processing operations, and transported or caused to transport, to or from the place of employment by means of day-haul operation.

A household that contains at least one individual engaged in seasonal farm work during the certification period is considered a seasonal farm worker household regardless of the amount of income it may get from that source.

Verification Requirements

The household must verify only the IDENTITY of the Primary Information person. This must be done before the household is certified for Food Stamps.

Some examples of acceptable identification include:

*Driver's License *Work or school ID
*ID card for health benefits
*Voter registration card *Wage Stubs

All reasonable efforts must be made to verify within the expedited service processing time the other elements for which verification is required under the normal processing procedures. Example: residency, income, resources, etc. We cannot delay expedited services if these other elements cannot be verified within the time limits.

Eligibility and Benefit Calculations

Except for destitute, migrant and seasonal farm worker households, expedited service households must meet the regular eligibility requirements. The allotments must be calculated using the same procedures that are used for other households.

Issuance
If a household applied for certification on or before the 15th of the month, the normal issuance procedures except for timing apply.

If a household applied after the 15th of the month and the verification was postponed, the household must be issued the first month's allotment, prorated when appropriate. The second month's allotment cannot be issued until after verification has been provided.

If an expedited service household applied after the 15th of the month and verification was not postponed, the household must be issued the first month's allotment, prorated when appropriate, and the second month's allotment at the same time within the expedited service time frame.

*EXCEPTION: An additional month of participation may be allowed for migrants who apply after the 15th of the month and who need verification from out of state. (Migrants are entitled to postponed out-of-state verification only once each season.)

BASIC FOOD STAMP ELIGIBILITY CRITERIA

Filing an application

Households have the right to apply in the following ways:

* In Person
* By mail
* Through an Authorized Representative

The application must be submitted in the county where the household resides.

The date of the application is the date received and date-stamped in the county office. EXCEPTION: When the household applies for SSI and FS prior to leaving an institution, it is the date of release.

Benefits are prorated from the date of application.

Clients can only receive one benefit in one location in any given month. EXCEPTION: Clients who are in Battered Shelters.

A face to face interview (including group intake) is mandatory for all households. EXCEPTION: The interview may be waived on a case by case basis, due to disability or other hardships.

Household Concept

A person MAY be included in the household size if:

* The household member has not received Commodities
* The household resides in the county in which they are applying
* The household does not reside in an institution except:
    * Elderly housing
    * Chemical treatment centers
    * Licensed Group Homes for the blind/disabled
    * Battered women's shelters
    * Homeless shelters
* An individual living alone
* An individual who lives with others but purchases and prepares food separately. Separate household status can not be given to:
    * Spouses living together
    * Children under 18 under parental control
    * Parents and children
      -Unless 1 parent is disabled or elderly (over 60) or the children have minor children and purchase and prepare food separately.
    * Boarders who are not paying the Thrifty Food Plan
    * Siblings
* A group who live, purchase and prepare food together
* A member 60 years of age who lives with others and:
    * Is unable to prepare his/her own meals
    * Is under specific income guidelines that do not include the individuals income or needs.

The following persons would NOT be included in a Food Stamp household:

* Boarders who are paying the Thrifty Food Plan ($111 currently)
* Roomers
* Live-in attendants
* Ineligible students
* Others who purchase and prepare food separately

Demographic Data
Each member of the household must provide a Social Security Number or apply for one.

Only U.S. citizens and Eligible Aliens are entitled to participate in the Food Stamp program.

The people in the household must be residents to participate in the program.

The Identification of the head of household must be verified.

If the head of a household quits their job without good cause 60 days prior to application or anytime after they are approved for food stamps they will be sanctioned for 90 days.

Households with strikers are not eligible for food stamps unless they were eligible one day before the strike and are otherwise eligible at the time of application.

All household members between the ages of 16 and 60 must register for work. This is accomplished by signing the application form. The following are good cause reasons for exemption from job registration:

* Physically or mentally unable to work
* Already working over 30 hours
* Caring for a dependent under 6 or incapacitated person
* Participating in JOBS
* Participating in a treatment program for drug abuse
* Receiving Unemployment Compensation
* Students over 16 enrolled in school or training at least half time
* SSI applicant
* Over 60 years of age

Resources
Food Stamp households are allowed $2000 in resources unless one or more of the members is over 60 years of age then the limit is $3000.

If the household can demonstrate they have access to only a portion of jointly held resources, we would not count the inaccessible portion.

Exempt resources include:

* Home
* Irrevocable trusts
* Contract for Deed
* Real estate for sale
* Life Insurance
* Tools of the trade
* Trust land
* Per Capita payments
* Personal effects
* PASS funds
* Lot
* Burial space
* Farm and business equipment
* Life Estates
* Livestock
* Income producing property - must be earning 6%
* Household goods
* Pension funds

Earned Income Tax Credits are exempt for the month of receipt and the following month.

Vehicles
The following vehicles are exempt:

* Essential for employment
* Used for the physically disabled
* used for the home

Vehicles that are exempt up to $4500 if they are used for:

* Employment (getting to and from work)
* One regardless of use
* Any other vehicles used for training or job search

The Fair Market Value over $4500 OR Equity Value, whichever is greater shall be counted for all other vehicles.

Only the Equity Value of unlicensed vehicles will be counted.

Transfer of Resources
Any household who has knowingly transferred resources for the purpose of qualifying for Food Stamps will be disqualified. The length of the disqualification is based on the amount of the assets that exceed the Resource Standard.

Income
Income is broken down into two categories. One being Earned Income from wages received for performance of work. Unearned Income is received from various sources such as Social Security, SSI, Child Support, V.A. benefits etc.

The following is a list of EXEMPT incomes:

* Loans
* In-kind income
* Monies withheld
* LIEAP (Energy Assistance)
* Youth Program payments
* Reimbursements
* Income of children under 18 years of age
* Relocation Assistance
* Per Capita payments under $2000
* Title V funds (Older Americans Act)
* Infrequent income not to exceed $30 per quarter
* Agent Orange settlement
* PASS funds
* Vendor payments
* Wages held
* Child Support payments that are turn over to Child Support Enf.
* JTPA
* 3rd Party payments
* Domestic Volunteer Service Act income
* WIC
* Lump sum payments
* Cash donations based on need from non-profit organizations not to exceed $300 per quarter
* Transitional Child Care
* Rural Employment Opportunities incentives
* Disaster Relief Payments to self-employed farmers

Self Employment Income
We average the self employment income over a 12 month period if it is the household's annual income.

Following are the steps used to calculate self employment income:

* Determine the period of self employment
* Add all gross self employment income
* Add the full amount of the capital gains as earned income
* Subtract all allowable costs of producing the income. These may include the following:
    * The individual cost of labor
    * Raw material
    * Seed/fertilizer
    * Interest paid to purchase income producing property
    * Insurance premiums
    * Taxes paid on income producing property

DO NOT allow the following costs:

- Payments on the principal of the purchase price of the income producing property. (real estate, capital assets, equipment, machinery, and other durable goods)
- Net losses from previous periods
- Federal, state and local taxes
- Retirement plan
- Work related expenses
- Subscriptions
- Entertainment
- Miscellaneous expenses
- Depreciation

* Divide the net earnings by the number of months over which the income is averaged.
* Add self employment income to any other earned income received by the household.

Income Deductions

Following are the deductions used to determine Food Stamp eligibility:

* Earned income deduction - 20% of Gross Earned Income
* Standard Deduction - $127 per household
* Non-reimburseable medical expenses in excess of $35.00 for Elderly or Disabled persons
* Dependent Care Deduction - up to $160 per child; only has to be incurred, not paid, but cannot include amounts to be paid by the JOBS Operators.
* Excess shelter costs over 50% of the households income after all other deductions - not to exceed $200.
  *EXCEPTION: Disabled and Elderly households do not have a maximum.
* Standard Utility Allowance of $225 or actual utility expenses
  * If there is no major heating/cooling cost, then deduct the actual utility expenses.
  * If the household has a current, metered or otherwise verifiable major heating/cooling bill separate and apart from rent/mortgage THEN the household may elect to use actual expenses or the standard utility allowance.

NOTE: The household may switch between the standard utility allowance and a deduction based on its actual utility costs at the beginning of any certification period and one additional time during each twelve-month period.

<u>Actual Utility Costs</u> - Verify utility costs at application or certification; if the allowable amount changes; or if the household moves. (The household will have to verify every month as the utility bills usually change on a monthly basis.)

Standard Telephone Allowance - Households who are not entitled or choose not to receive the Standard Utility Allowance but incur telephone costs (a telephone in their home) are allowed a telephone standard of $25. Actual telephone costs are not allowed.

Standard Utility Allowance - Verify the utility obligation at application, recertification, and if the household moves. A move to a new residence during certification requires redetermination of eligibility for the standard. Applicants must anticipate a utility expense the first two months of eligibility and incur utility costs in the budget month during a certification period. A single annualized standard utility allowance of $225 per month will be used for all households.

NOTE: Households which receive Low Income Energy Assistance Program (LIEAP) payments are entitled to use the standard utility allowance even if they do not incur heating or cooling expenses based on separate metering or a separate bill.

* Homeless individuals are given a $132 standard shelter allowance or actual shelter expenses if over $132. These individuals may not receive the standard shelter allowance and the standard utility allowance at the same time. The higher amount will be given to the household.

Students

A student is considered to be someone who is:

* Between the ages of 18 and 50
* Mentally and physically fit
* Enrolled at least half time in an institution of higher learning

In order for someone to be an ELIGIBLE student for the Food Stamp program they must meet one of the following:

* Must work and be paid for at least 20 hours per week of employment
* Be self employed working at least 20 hours a week and earning at least the equivalent of the Federal Minimum Wage for 20 hrs
* Be in Work Study and receiving earnings or tuition credits for the work
* Be responsible for the care of a dependent household member under 6 years of age
* Be responsible for the physical care of a dependent between 6 and 12 years of age when it is determined that adequate child care is not available
* Be a single parent with a child under age 12, regardless of the availability of child care
* Be receiving AFDC
* Is placed in an institution of higher learning through a JTPA program

Student rules do not apply to persons:

* Under 18 or over 50
* Physically or mentally unfit
* Not attending an institution of higher education at least half time
* Participating in On The Job Training (JTPA)
* Enrolled in a course that does not require a High School Diploma

Budgeting Student Income
For Student income we prorate the amount of the grants/loans minus allowable expenses over the period it is intended to cover, regardless of when it is received.

Allowable expenses may be deducted from EACH grant/loan that is received. Following are the allowable expenses that can be deducted:

* Mandatory Fees
* Books
* Tuition
* Supplies
* Transportation
* Rental or purchase of equipment
* Original fees
* Loan insurance premiums
* Dependent care costs
* Personal expenses (medical expenses, clothing, laundry, shoe repair, personal hygiene products, subscriptions to professional journals/magazines, membership dues in a professional association)

Resources of an Eligible Student
All resources of the eligibility student count the same as any other resources.

We do not count as a resource any grants or loans that have been used to determine the amount of the countable income for Food Stamps.

Group Home Residents
Group Home residents are entitled to apply for Food Stamp benefits. However, there are some responsibilities the Group Home must take on.

The Group Home Director must decide which residents require an authorized representative and which can apply on their own behalf.
* If the resident applies on his/her own behalf, the household size can include one or more member(s)
* If a group home employee acts as an authorized representative for the group home resident, the household size must be one.

NOTE: It is the responsibility of the group home to send the county offices a quarterly list of participating residents.

The shelter allowance is calculated differently for a Group Home resident. Following are the calculations used:

Total group home charges
\- Personal needs allowance if not already given by GH
\- Thrifty food plan allotment
= Shelter expense

When a Food Stamp participant leaves the group home, the responsibilities of the group home include:
* Providing the resident with his/her Food Stamp ID card;
* Providing the resident with unused Food Stamps;
* Provide a change report and instructions for completion

Residents of Drug and Alcohol Treatment & Rehabilitation Programs
Food Stamp participants within a drug/alcohol treatment or rehabilitation center may apply for food stamps but an employee for the center must act as an authorized representative.

The authorized representative is responsible for:
* Making application on behalf of the resident;
* Providing verification of the resident's rent expenses;
* Reporting changes in household income or circumstances; and
* Assuming liability for loss or misuse of Food Stamp coupons held on behalf of the resident.

The Treatment Center must provide a signed list of currently participating Food Stamp residents on a monthly basis to the County Offices.

When a resident leaves the treatment center, the treatment center must provide him/her with:
* Their Food Stamp ID card;
* Unused Food Stamp coupons; and
* A change report form and instructions for completion

Households in Battered Shelters
If members of a Food Stamp household enter a Battered Shelter they may be entitled to a second allotment of Food Stamps even though they have already received Food Stamps for the month.

This exception can only be given for one month.

We can certify the members who have left the Food Stamp household in a case of their own using their income and resources only. We consider room payments to the shelter as housing costs.

We then remove these members from the former Food Stamp household.

Categorically Eligible Households
Households in which ALL members receive or are authorized to receive Aid for Families with Dependent Children, SSI or General Assistance benefits shall be considered eligible for Food Stamps.

The EXCEPTIONS to this rule include:

* Households that reside in an institution
* Households that are disqualified from the Food Stamp program
* Households who have a member that is committed an Intentional Program Violation
* Households who have a member that has failed to comply with the work requirements
* Households who have failed to comply with the monthly reporting requirements

Destitute Income Calculations/Migrant Farm Workers
Consider migrant or seasonal farm workers as destitute if their income meets one of the following criteria:

* The only income for the month of application was received prior to the date of application and was from a source which has been terminated.
* If income from a new source in the month of application is less than $25 and will not be received by the tenth calendar day after the date of application

Once a household has been determined destitute the following income calculations are followed:

* Consider only the income received between the first of the month and date of the application
* Disregard income from a new source
* Exclude travel advances that are considered as a reimbursement; count travel advances that are by written contract or that will be subtracted from wages to be earned
* Exclude as income any emergency public assistance
* Provide full benefits for the month of application when the household has participated in the Food Stamp program with 30 days prior to the date of application.

Monthly Reporting Requirements
Most household are required to submit a Monthly Report with their household status, income & resource information. This report is required to be filled out and turned into the County Human Service office by the 8th of each month. If the monthly report is not turned into the office Food Stamp benefits may be closed.

Some households will not be required to monthly report but will need to submit a Change Report form when there is a change in household circumstances, income, resources etc. The following are the households who are change reporters:

* Migrants
* Households whose members are all without earned income and which all adult members are Disabled or Elderly
* Individuals living in Group Homes for the Blind or Disabled who receive shelter workshop income
* Households whose sole income is from self employment for more than six months
* Homeless households

Department of Social and Rehabilitation Services	SECTION: TABLES AND STANDARDS
FOOD STAMPS	SUBJECT: Gross and Net Monthly Income Standards

Supersedes: FS 001 (10/01/91)

References: 7 CFR 273.9(a)(1)(i) and (a)(2)(i)

GENERAL RULE--Food Stamp Program participation will be limited to households with income not exceeding the monthly income standards.

GROSS MONTHLY INCOME STANDARDS

Household Size	Gross Monthly Income
1	$ 738
2	996
3	1,254
4	1,512
5	1,770
6	2,027
7	2,285
8	2,543
Each Additional Member	+ 258

Households with income NOT in excess of the gross monthly income standard will have their net income evaluated in accordance with the net income standards.

GROSS MONTHLY INCOME EXCEPTIONS: Do not apply the Gross Monthly Income Test to households which:

1. Are categorically eligible because of eligibility for the Aid to Families With Dependent Children Program (AFDC), SSI, or General Assistance (GA). (FS 444-10) (TEAMS will bypass the gross and net income test on cases

coded "Y" for categorically eligible on screens FSRD and FSAD.);

2. Include a member who is age sixty (60) or older. (To see if TEAMS has determined this, look at FSAD under household type - Code E/D will show.); or

3. Include a member who is disabled. (FS 9904) (For elderly or disabled individuals living with others see FS 111-1.) (To see if TEAMS has determined this, look at FSAD under household type - Code E/D will show.)

NET MONTHLY INCOME STANDARDS

Household Size	Net Monthly Income
1	$ 568
2	766
3	965
4	1,163
5	1,361
6	1,560
7	1,758
8	1,956
Each Additional Member	+ 199

NET MONTHLY INCOME EXCEPTIONS: Households are exempt from evaluation under the net income standard provision if the household:

1. is categorically eligible (TEAMS screen FSAD); or

2. includes a member who is elderly or disabled (TEAMS screen FSAD)

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d. Shelter for battered women and children; or

e. Public or private nonprofit shelter for homeless persons.

2. An individual or family who live with others, but purchases and prepares meals separately;

3. A group of individuals who live together and purchase and prepare meals together for home consumption; or

4. An individual aged sixty (60) or older (and spouse) who lives with others and meets the following criteria:

a. The individual (or couple) is unable to prepare meals because of a permanent disability (as defined by the Social Security Act) or suffers a severe permanent disability which is not related to a disease; and

b. The individual (or couple) lives with others whose gross income does not exceed the maximum gross income as listed below. (Exclude the elderly individual and spouse to make this income determination.)

Household Size	Maximum Gross Income
1	$ 937
2	1,264
3	1,591
4	1,919
5	2,246
6	2,573
7	2,900
8	3,228
Each additional member	+ 328

"Hassle," Confusion Hinder Food Stamp Applications

Excerpted from The Food Stamp Process: Office Operations and Client Experiences, *a report prepared for the Food and Nutrition Service. The report is available from Alana Landey, USDA-FNS Office of Analysis and Evaluation, 3101 Park Center Drive, Alexandria, VA 22302 (703) 305-2133.*

As part of its on-going efforts to increase the efficiency of the Food Stamp Program and eliminate barriers to access, the Food and Nutrition Service initiated this study of the food stamp application process. The study's primary goal is to learn about ways in which federal, state, and local policies and procedures may encourage or inhibit individuals from completing the process, or impose unnecessary costs and burdens as a condition of participation.

The study was designed to achieve four specific objectives:

* Describe the application process as it typically works;
* Develop hypotheses concerning how the application process may affect program participation;
* Collect evidence on completion rates and the applicants' time and monetary costs of the application process; and
* Identify potential changes in the application process that might facilitate applicants completing the process or reduce the costs and burdens of the process.

Study Design

We examined the application process in two states in 1990, one in the Midwest and one in the South. In the Midwestern state, two urban and one rural county participated in the study. One urban and one rural county were studied in the Southern state. ...

Overall, 58 percent of all those who contact the food stamp office are approved to receive benefits.

Application Process

The food stamp application process requires the applicant household and the food stamp agency to complete a number of activities in order for the household to be considered eligible for the Program. The applicant activities are:

* Obtaining information about the Program and an application form;
* Completing and filing the application;
* Completing the certification interview; and
* Providing verification of information.

Once an applicant completes these steps, the caseworker determines whether the household is eligible to receive food stamps, and if so, the amount of the monthly benefit.

The study considers the application process to begin when a household calls or visits the local office to inquire about obtaining food stamps. In the urban offices in this study, applicants generally visit the office. In the rural offices, interested individuals are more likely to begin the application process by calling to request information and application materials.

The second step in the application process involves completing the application (or at a minimum, filling in name, address, and signature) and filing it with the local office. Often individuals do this at the same time they pick up the application, though some take the application home to complete it. Those who do not complete the application in the office may return it either in person or by mail. Benefits are calculated from the date the application is filed, so office staff in the study sites often encourage people to return to the office with the application right away rather than delay the start date because of a slow mail system.

All applicants must complete an interview with a caseworker in which details of their circumstances are recorded. This interview is generally conducted in person, though applicants may request a telephone interview or a home visit. The interview can take anywhere from 20 minutes to 1 1/2 hours. Persons interested in applying for AFDC and Medicaid may do so at the same time they apply for food stamps and thereby complete only one certification interview. The length of the interview is thus affected by the number of programs for which the household is applying.

The final step of the application process involves documenting the information provided in the certification interview. In general, applicants must provide documentation of their household composition, income, and expenses. AFDC and Medicaid applicants also have to verify information relating to their children and medical circumstances.

All people who are approved to receive food stamps complete these four activities, though depending on the procedures in the local welfare office some activities may be done differently and some may occur simultaneously. For example, in four of the five study sites, most applicants visit the office to obtain information and office staff encourage them to do so. The other office, which is a small rural office, considers that it is unfair to ask those interested in benefits to visit the office. Staff encourage people to call for information and most do so. Another difference among offices is that two of the offices screen applicants for gross eligibility either when they request an application or file it. In these offices most potential applicants who are obviously ineligible choose not to proceed with the application process.

Major Quantitative Findings

Costs incurred in the application process. Applicants and potential applicants spend, on average, almost five hours performing application activities. Approximately two hours

of this time is spent filling out the application, meeting with food stamp office workers, and obtaining required documents. The other three hours is spent in transit to the office and waiting to meet with office staff. The further an applicant gets in the process, the more time it takes. Those who are approved for benefits spend an average of six hours in total.

Applicants and potential applicants incur out-of-pocket expenses totalling an average of $10.40. Approximately $7.40 of this is spent visiting the food stamp office one or more times during the course of the application process. The costs of these visits result primarily from transportation costs and foregone wages. Another $3 is spent obtaining the documents necessary to verify the household's circumstances.

Some applicants spend considerably more money and time than the average during the application process. Approximately 5 percent of all applicants and potential applicants said they incurred $50 or more in out-of-pocket expenses and foregone wages and spent 12 or more hours completing the activities required of the process.

Completion rates at each step of the application process. Overall, 58 percent of all those who contact the food stamp office are approved to receive benefits. Another 9 percent complete the application process, but are denied benefits. The remaining 34 percent who contact the office do not complete the application process. Of these, 19 percent do not even file an application, 11 percent file an application but do not complete the certification interview, and 4 percent attend the interview but do not submit all the documents requested to verify their household's circumstances. These numbers indicate that most who contact the food stamp office are approved to receive benefits. Examining the figures from another perspective, those who are approved represent 71 percent of those who actually file an application and 87 percent of those who complete the application process.

> The offices in which applicants were more likely not to complete the process .. were ... the most confusing and inconvenient.

Reasons for not completing the application process. Of the 34 percent who did not complete the application process, approximately half reported that they were either told by office staff that they were ineligible or perceived themselves ineligible. The other half thought they would probably be eligible but still did not fulfill some procedural requirement of the application process. This means that between 9 and 18 percent of all those who contacted the food stamp office to inquire about benefits thought they were potentially eligible for benefits, but either found some aspect of the application process difficult or decided that the benefits that they would receive were not worth the effort it would take to complete the application process.

Factors most likely to lead to not completing the process. Applicants who thought they were potentially eligible for benefits reported that several aspects of the application process were particularly likely to cause them not to complete the process. These factors are:

* Time and "hassle" involved;
* Length of the process or particular aspects of the process;
* Problems getting to the office;
* Confusion about the process;
* Long waits at the office; and
* "Unobtainable" documents required to verify the household's circumstances.

Some demographic groups are somewhat more likely than others to be deterred by the procedural requirements of the application process. Employed persons were less likely than others to complete the process even when they thought they were potentially eligible, particularly compared to those already receiving other governmental assistance. Those who failed to complete the process were also more likely to be eligible for only small food stamp allotments. The observed differences among these groups are relatively small and in all groups, more were approved for benefits than dropped out of the application process while believing they were potentially eligible for benefits.

These patterns suggest that people's ability or willingness to complete the application process varies in ways that do not correlate highly with characteristics that are often mentioned as "risk" factors, such as being elderly or having limited education. The structure of the application process does seem to matter: the offices in which applicants were more likely not to complete the process even though they perceived they were eligible for benefits were the ones that our observers found to be the most confusing and inconvenient. Nonetheless, the data do not identify specific aspects of the process that clearly inhibit participation, nor do they allow forecasts of the changes in participation that might result from altering office procedures.

Potential Changes to the Application Process

The data from this study suggest some potential changes to the food stamp application process that might improve access to the Program. Some of the suggestions would require additional resources which are probably not [available]. ...

The potential changes that seem most likely to have the greatest effect are within the control of state and local policies; they do not require changes in federal laws or regulations. Possibly useful changes would involve reducing the number of visits required, reducing waiting time, cutting applicants' out-of-pocket expenses, and providing more information and assistance to applicants at various points in the process. We cannot be sure that fixing these problems would lead more people to complete the application process, but they do appear to be reasonable areas in which to focus attention.